UPDATE YOUR MEMBERSHIP DETAILS

Please use this form to notify changes either to your contact details or employment arrangements.

TITLE: ☐ Dr ☐ Prof ☐ A/Prof ☐ Mr **GENDER:** ☐ Male ☐ Female

PLEASE PRINT CLEARLY

SURNAME:	**GIVEN NAMES:**
HOME/POSTAL ADDRESS:	
	P/CODE:
CONTACT NO: HOME:	
WORK:	**MOBILE:**
FAX:	**EMAIL:**
AMA MEMBER: (please circle) YES / NO	

I AM EMPLOYED AS: (please circle)	**MY HOURS ARE**: (please circle)
INTERN	FULL- TIME
MP2	PART-TIME (10ths) 1 2 3 4 5 6 7 8 9
AMC TRAINEE	
MEDICAL PRACTITIONER (3-8)	VMS SESSIONS 1 2 3 4 5
SENIOR REGISTRAR	
CONSULTANT	CASUAL
SNR MED PRACTITIONER/MED OFFICER	**WORKPLACE:** **(**eg, RAH/FMC)
VISITING MEDICAL SPECIALIST	
CLINICAL ACADEMIC	**REGION: CNAHS / SAHS / CYWHS / CHS** (please circle)
RESEARCH	
	DEPARTMENT:
I AM EMPLOYED: (please circle)	**SPECIALTY/IES:**
PRIVATE PRACTICE YES / NO	
OTHER NON-GOVERNMENT YES / NO	**ACCREDITED TRAINING PROGRAMME:** (eg, Immunology etc)

SASMOA - THE SALARIED DOCTORS' UNION

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