# AIDA Membership form - Individual

## Summary

<table>
<thead>
<tr>
<th>Title*</th>
<th>Post nominals</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name*</td>
<td>Last name*</td>
</tr>
<tr>
<td>Preferred name</td>
<td>Date of birth*</td>
</tr>
</tbody>
</table>

### Identity
- [ ] Aboriginal
- [ ] Aboriginal and Torres Strait Islander
- [ ] Torres Strait Islander
- [ ] Non Australian Indigenous

If Aboriginal or Torres Strait Islander, what is your tribe/nation?

### Membership category
- [ ] Indigenous medical student member¹
- [ ] Indigenous medical doctor member¹
- [ ] Student associate member
- [ ] Associate member

¹ see checklist on page 3 for required supporting documentation

## Contact details

<table>
<thead>
<tr>
<th>Mobile*</th>
<th>Daytime phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred email address*</td>
<td>Alternate email address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postal address line 1*</th>
<th>Postal address line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburb*</td>
<td>State/Territory*</td>
</tr>
<tr>
<td>Country if outside Australia</td>
<td>Nearest city (for AIDA networking events)</td>
</tr>
</tbody>
</table>

## Personal assistant, if applicable

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime phone</td>
<td>Email address</td>
</tr>
</tbody>
</table>

* Indicates required field
### Workplace

<table>
<thead>
<tr>
<th>Primary workplace</th>
<th>Position</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Workplace suburb</th>
<th>Workplace postcode</th>
</tr>
</thead>
</table>

Do you work at an Aboriginal Community Controlled Health Service?  
- [ ] yes  
- [ ] no

### Where are you on the medical education/training continuum?*

- [ ] Not applicable  
- [ ] Pre-med  
- [ ] Student - Year of study:  
- [ ] Intern

- [ ] Resident  
- [ ] Registrar  
- [ ] Fellow  
- [ ] Other (please specify):  

### Qualifications

<table>
<thead>
<tr>
<th>Qualification title (e.g. MBBS, B.Med, FRACGP)</th>
<th>Issuing institution (e.g. University of Queensland, RACGP)</th>
</tr>
</thead>
</table>
| Year commenced: | [ ] Completed  
  Year of graduation: | [ ] In progress  
  Expected year of graduation: |

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<tr>
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| Year commenced:     | [ ] Completed  
  Year of graduation: | [ ] In progress  
  Expected year of graduation: |

Please advise details of additional qualifications separately if necessary.

* Indicates required field
AIDA Mentoring Program

Are you interested in having a mentor?*

☐ yes  ☐ no

Are you interested in being a mentor?*

☐ yes  ☐ no

If yes, in what areas?

Nominator information

Your nominator MUST be a current Indigenous medical doctor member or a current Indigenous medical student member of AIDA. Please contact us if you require assistance with identifying a nominator.

Nominator’s first name*  Nominator’s last name*

What is your relationship with your nominator?*

Document checklist

☐ Confirmation of Aboriginality – required for Indigenous medical student and doctor applicants

We require a copy of written Confirmation of Aboriginality from an incorporated Aboriginal and/or Torres Strait Islander corporation, presented on official letterhead and signed by an authorised person. If a person is unable to provide a Confirmation of Aboriginality they may submit a letter of support from an Elder which includes the Elder’s phone number and community of which they are a recognised Elder.

In extenuating circumstances such as (but not limited to) members or descendants of the Stolen Generation, documentation demonstrating such a claim may be provided from a relevant organisation such as LinkUp, a relevant adoption agency or a relevant Government Department, on letterhead and signed by an authorised person.

Applicants who have difficulty obtaining the necessary documents should make contact with the AIDA Membership Officer on 1800 190 498 or by email at membership@aida.org.au.

☐ Evidence of enrolment in a medical program – required for Indigenous medical student applicants

We require evidence of your enrolment in a medical program for the year of membership you are applying for. Examples include a statement of enrolment, a screenshot or print out from your student portal, your fee statement, an official letter from your university, or your academic statement or transcript which shows your enrolment status for the year you wish to apply for.

☐ Evidence of medical qualifications – required for Indigenous medical doctor applicants

We require evidence of your qualifications as a medical doctor. Examples include a copy of your degree certificate, academic statement or transcript from your university which specifies that you have fulfilled the requirements for your program, or your Australian Health Practitioner Regulation Agency (AHPRA) registration number.

Membership fees

<table>
<thead>
<tr>
<th>Category</th>
<th>Membership Duration</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous Medical Student Members</td>
<td>One year complimentary</td>
<td></td>
</tr>
<tr>
<td>First year Indigenous Medical Doctor Members</td>
<td>One year complimentary</td>
<td>Two years $100</td>
</tr>
<tr>
<td>Indigenous Medical Doctor Members</td>
<td>One year $100</td>
<td>Two years $200</td>
</tr>
<tr>
<td>Student Associate Members¹</td>
<td>One year $35</td>
<td>Two years $70</td>
</tr>
<tr>
<td>Associate Members²</td>
<td>One year $100</td>
<td>Two years $200</td>
</tr>
</tbody>
</table>

All fees are GST inclusive

¹ Non-Indigenous students, or Indigenous students not studying medicine
² All other individuals

* Indicates required field
Donation

I would like to donate $............................................ to AIDA.

AIDA is a not for profit professional member based association that provides support for Indigenous doctors and medical students. Growing the number of Aboriginal and Torres Strait Islander medical students and doctors is a key objective of AIDA and we sincerely appreciate all offers of assistance to achieve this goal. AIDA has deductible gift recipient status, which means donations over $2.00 are tax deductible in Australia. If you wish to make a donation, this will be gratefully received. Thank you for supporting AIDA.

Payment

☐ Direct debit  To set up a one-off or annual direct debit from your credit card or savings account, please visit the following URL: goo.gl/1k0GE4

☐ Phone  Please call us on (02) 6273 5013 or freecall 1800 190 498 to pay by Visa or Mastercard over the phone.

☐ Direct deposit  Please use the following account details:

Account Name: Australian Indigenous Doctors Association Ltd.
BSB: 062 901
Account Number: 1011 9692
Reference: Your first initial and last name
Bank: Commonwealth Bank

☐ Secure online payment  Pay online by Visa or Mastercard at the following URL: goo.gl/sFblc5

Declarations

I consent to:

• becoming a member of the Australian Indigenous Doctors’ Association Limited and agree to contribute the guarantee amount of $25 if the company is wound up;
• paying the Australian Indigenous Doctors’ Association the appropriate membership fee listed above by my selected payment method; and
• payment of any nominated donations.

Note: Subject to the Corporations Act 2001, where the company is wound up, a present or past member is liable to contribute up to the guarantee amount to the company’s property: (i) to pay the company’s debts and liabilities and the costs, charges and expenses of the winding up: and (ii) to adjust the rights of contributories among themselves. Subject to the Corporations Act 2011, a past member will not need to contribute: (a) in respect of a debt or liability of the company contracted after the person ceased to be a member; (b) if he, she or it was not a member at any time during the year ending on the day of the commencement of the winding up; and (c) unless it appears to the court that the present members are unable to satisfy the contributions that they are liable to make.

Signature:*  Date / / 

Please submit your membership application by email, fax or post.
Thank you for supporting AIDA. We look forward to working with you in the future to support Indigenous students, graduates and doctors.

Australian Indigenous Doctors’ Association
P: 1800 190 498 / (02) 6273 5013
F: (02) 6273 5014
E: membership@aida.org.au
W: www.aida.org.au
A: PO Box 3497, Manuka ACT 2603

AIDA is bound by the Privacy Act 1988 and will protect your personal information in accordance with the Australian Privacy Principles. These principles govern how we collect, use, hold and disclose your personal information. To read our Privacy Policy and understand why we collect your data and how we use it, please read our Privacy Policy located on our website at aida.org.au/about-us/privacy-policy

* Indicates required field