



AIDA Membership form - Individual

Summary

Title*		Post nominals	
First name*		Last name*	
Preferred name	Date of birth*	Gender*	
Identity*	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Aboriginal and Torres Strait Islander	
	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Non Australian Indigenous	
	<input type="checkbox"/> Non Indigenous		
If Aboriginal or Torres Strait Islander applicants, please advise your Nation and/or People.			
Membership category*	<input type="checkbox"/> Indigenous medical student member ¹	<input type="checkbox"/> Indigenous medical doctor member ¹	
	<input type="checkbox"/> Student associate member	<input type="checkbox"/> Associate member	

¹ see checklist on page 3 for required supporting documentation

Contact details

Mobile*	Daytime phone	
Preferred email address*	Alternate email address	
Postal address line 1*		
Postal address line 2		
Suburb*	State/Territory*	Postcode*
Country if outside Australia	Nearest city (for AIDA networking events)	

Personal assistant, if applicable

First name	Last name
Daytime phone	Email address

* Indicates required field

Workplace

Primary workplace	Position
Workplace suburb	Workplace postcode
Do you work at an Aboriginal Community Controlled Health Service? <input type="checkbox"/> yes <input type="checkbox"/> 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

Qualification title (e.g. MBBS, B.Med, FRACGP)		Issuing institution (e.g. University of Queensland, RACGP)	
Year commenced:	<input type="checkbox"/> Completed Year of graduation:	<input type="checkbox"/> In progress Expected year of graduation:	
Qualification title		Issuing institution	
Year commenced:	<input type="checkbox"/> Completed Year of graduation:	<input type="checkbox"/> In progress Expected year of graduation:	
Qualification title		Issuing institution	
Year commenced:	<input type="checkbox"/> Completed Year of graduation:	<input type="checkbox"/> In progress Expected year of graduation:	
Qualification title		Issuing institution	
Year commenced:	<input type="checkbox"/> Completed Year of graduation:	<input type="checkbox"/> 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.

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.

If such documentation cannot be provided, the applicant will be contacted by AIDA to determine the reasons regarding the absence of documentation. These reasons will be included in a report that will be put forward for consideration and decision by the Board.

Please contact AIDA's Membership Advisor for more information on 1800 190 498 or 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

Indigenous Medical Student Members	One year complimentary
First year Indigenous Medical Doctor Members	One year complimentary
Indigenous Medical Doctor Members	One year \$100
Student Associate Members ¹	One year \$35
Associate Members ²	One year \$100

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

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