

PERSONAL INFORMATION

FIRST NAME _____

LAST NAME _____

FULL INITIALS _____ MALE FEMALE

EMAIL _____

ALTERNATIVE EMAIL _____

HOME PHONE _____

MOBILE _____

HOME ADDRESS _____

TOWN CITY _____ POSTCODE _____

PREFERRED MAILING ADDRESS

EMPLOYMENT DETAILS

SPECIALTY / SUB SPECIALTY _____

CURRENT SALARY STEP _____

DATE COMMENCED EMPLOYMENT _____

CONTRACTED HOURS WEEKLY _____

I AM A MEMBER OF

NZMA NZDA

PRACTICE TYPE

MEDICAL SPECIALIST MEDICAL OFFICER

GENERAL PRACTITIONER DENTAL SPECIALIST

DENTAL OFFICER

HAVE YOU PRACTISED IN NZ BEFORE? YES NO

IF YES, FOR HOW MANY YEARS? _____

PRIMARY WORKPLACE

EMPLOYER _____

WORKPLACE _____

DEPARTMENT _____

WORK PHONE _____

ADDRESS _____

TOWN/CITY _____ POSTCODE _____

PREFERRED MAILING ADDRESS

OTHER SALARIED EMPLOYMENT

1) _____

Contracted weekly hours _____

2) _____

Contracted weekly hours _____

OPTIONS FOR THE PAYMENT OF FEES

Our financial year begins on 1 April. Subscriptions may be paid annually or by or fortnightly deduction from your salary (authority below). The subscription is reviewed annually. Details are available www.asms.nz.

If you work considerably reduced hours you may be entitled to a reduced subscription – please contact the ASMS national office for clarification. For fee structure please visit www.asms.nz or phone 04 499 1271.

Please indicate your preferred option for payment below:

I wish to pay by fortnightly salary deduction (see below)

I prefer to pay annually (internet / cheque / credit card)

An invoice will be sent to you.

AUTHORITY TO PAY SUBSCRIPTION BY AUTOMATIC SALARY DEDUCTION

Please complete if not paying annually.

I authorise my employer to deduct the sum of

\$ _____

from my fortnightly salary and forward it to ASMS.

I also authorise my employer, from time to time, to increase the amount of this deduction in accordance with written advice from the Association of any increase in subscription that has been duly approved by the Association under its Rules.

This authority is to continue until I leave my employment, or until it is revoked by me in writing.

SIGNATURE _____

PLEASE POST TO:

ASMS
PO Box 10763
Wellington 6143
New Zealand

or scan and email to asms@asms.nz

or fax to **04 499 4500**

If faxing this form, please post the original to our office at the above address.



OFFICE USE ONLY

Data Invoiced Date

Salded Amount

Pack Paid Date

Welcome to the Association of Salaried Medical Specialists (ASMS), *Toi Mata Hauora*.

We provide support, representation and a voice for most of New Zealand's salaried senior doctors and dentists on a wide range of employment and professional matters, and we invite you to join us.

Our members are found in public hospitals throughout the country, community trusts, the New Zealand Family Planning Association, hospices, union health clinics, 24-hour accident and medical centres, and other health care providers.

Membership is open to salaried senior doctors and dentists (not only specialists), but we do not represent university staff, employees of government departments or junior medical staff, eg, registrars or house surgeons. Salaried GPs are also eligible to join.

About the ASMS

The ASMS was formed in 1989 and is led by a national executive made up of senior salaried doctors from around New Zealand, and supported by a network of branch officers, and an Executive Director and national office based in Wellington.

You can find out more about us at www.asms.nz or by phoning **04 499 1271**.

How we can help you

The ASMS:

- Negotiates collective employment agreements with district health boards (DHBs) and other employers.
- Advises members about employment terms and conditions, and assists with the interpretation and application of employment agreements. We will advise you on a job offer from a New Zealand employer as long as you undertake to join the ASMS when you take up employment.

- Helps members enforce employment agreements and may provide legal representation in disputes or personal grievances, as appropriate. We will not normally advise members in respect of a problem that arose prior to joining the ASMS.
- Vigorously advocates for and defends our members' professional concerns and interests, and keeps members informed of matters relevant to their employment.
- Promotes equitable access to quality public health care.

Be proactive – join the ASMS



Association of Salaried Medical Specialists

PO Box 10763, Wellington 6143

Phone 04 499 1271 Fax 04 499 4500 Freephone 0800 280 767

Email asms@asms.nz www.asms.nz



Joining the
Association of
Salaried
Medical
Specialists