

Bankstown-Lidcombe Hospital RMO Association Membership Form

Dear Colleague

Welcome to Bankstown-Lidcombe Hospital. On behalf of the resident medical officer association (RMOA), we wish you the best for your time here.

The Bankstown-Lidcombe RMOA involves a large number of JMOs, RMOs, and registrars who work at Bankstown-Lidcombe Hospital. The RMOA endeavours to represent the ideals of the SWSLHD, while ensuring that junior doctors are supported during their time at Bankstown-Lidcombe Hospital. The RMOA organises social events (including end-of-term events, the yearly medical ball, etc.), support for some JMO orientation events, careers information sessions, sponsorship from various organisations, and other activities that involve the junior doctors at Bankstown-Lidcombe Hospital.

The RMOA represents junior doctors in the hospital in regard to issues such as pay, working conditions, education, and training opportunities. While state-wide matters are dealt with in conjunction with the NSW RMO Association, there are members on the committee who represent our RMOA on the NSW RMO association and represent our RMOA to the AMA.

Your RMOA can only function with your support, and with your help, we will endeavour to help make Bankstown-Lidcombe Hospital as friendly and enjoyable a working environment as possible.

If you wish to join the RMO Association, please complete the form and return to:

**Medical Administration
Level 4, Bankstown Lidcombe Hospital
70 Eldridge Rd
Bankstown NSW 2200**

I hereby authorise Payroll Services of Bankstown-Lidcombe Hospital to deduct the annual subscription fee for the Bankstown-Lidcombe Hospital Resident Medical Officer Association from my salary for the duration of my employment at this institution. This fee will be set each year at the Association's AGM and will be deducted in fortnightly instalments from the beginning of each employment year. If at any time I wish to cancel my membership, I need only to inform Payroll Services in writing.

In 2013, the fee is \$10.00 per fortnight

Name: _____

Employee No: _____

Signature: _____

Date: _____