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2026 RACGP MEMBER ORDER FORM[§]

ORDER DETAILS All prices include GST	AMH RRP (Single Item)	RACGP Price (Single Item)	POSTAGE (Single Item)	QUANTITY	TOTAL PRICE (incl. postage)
AMH Book 2026* (Release date - Mid January)	\$315.00	\$285.00	\$25.00		
AMH Online (single user)*	\$315.00	\$285.00	-		
AMH Desktop App (for PC & MAC only) (single user)*	\$315.00	\$285.00	-		
AMH Children's Dosing Companion Book 2025	\$145.00	\$135.00	\$15.00		
AMH Children's Dosing Companion Online (single user)*	\$145.00	\$135.00	-		
AMH Aged Care Companion Book 2024	\$110.00	\$100.00	\$15.00		
AMH Aged Care Companion Online (single user)*	\$115.00	\$105.00	-		
AMH PACKAGES 2026					
AMH Book 2026* + AMH Online (single user)*	\$485.00	\$430.00	\$25.00		
AMH Book 2026* + AMH Desktop App (single-user)*	\$485.00	\$430.00	\$25.00		
AMH Book 2026* + CDC Book 2025	\$402.50	\$372.50	\$27.50		
AMH Online (single user)* + CDC Online (single user)*	\$402.50	\$372.50	-		
AMH Book 2026* + ACC Book 2024	\$370.00	\$342.50	\$27.50		
AMH Online (single user)* + ACC Online (single user)*	\$375.00	\$347.50	-		
*Each licence is a single user for single location. Licence is valid for 12 months from the date of the invoice. ACC - AMH Aged Care Companion; CDC - AMH Children's Dosing Companion. By completing this form, you are deemed to have read and agreed to the terms and conditions of the product licence/s. Details can be viewed online at www.amh.net.au (under the PRODUCTS drop down menu in the LICENCES section). § The RACGP discount only applies to current valid members, and these rights cannot be transferred to any other 3rd party.				TOTAL	\$

PURCHASER DETAILS

Purchaser Name (Individual or Business)	Membership Number	
Contact Name (Business account only)		
Delivery Address		
State	Post Code	Contact Phone
Email		

From time to time you may receive AMH marketing communications such as information on new product releases and updates, special offers and other marketing material. In keeping with our privacy policy you can choose to opt out by ticking the following options. By email ☐, by post ☐. You can change your preferences at any time once you have an active account. Personal information will only be accessed and used for the primary purpose for which it is collected, and for purposes related or ancillary to the main reasons we collect it, such as invoicing, reminder notices and services offered by us. We engage third party contractors to perform services for us which involve the contractor handling personal information we hold. We will take all reasonable steps to ensure that personal information is protected against loss, unauthorised access, modification or disclosure, and other misuse.

PROFESSIONAL DETAILS

COMMUNITY MEDICAL PRACTITIONER ☐ HOSPITAL MEDICAL PRACTITIONER ☐ MEDICAL SPECIALIST ☐ MEDICAL STUDENT ☐
OTHER (Please specify) _____

PAYMENT DETAILS

OTHER PAYMENT METHODS

TOTAL AMOUNT \$

CREDIT CARD DETAILS ☐ VISA ☐ MASTERCARD ☐ AMEX

NUMBER

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NAME ON CARD

EXPIRY DATE ____/____/____ CCV ____ SIGNATURE _____

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(Send by post; make payable to
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☐ EFT
(Invoice will be forwarded with bank details enclosed. Use
invoice number as reference when paying.)

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