

# Australian Medical Association (ACT) Limited

ABN 29 008 665 718

PO Box 560, Curtin ACT 2605  
Level 1, AMA House, 42 Macquarie Street, Barton ACT 2600  
Phone: (02) 6270 5410 Facsimile (02) 6273 0455  
Email: membership@ama-act.com.au



**AMA**  
(ACT) LIMITED

## MEMBERSHIP APPLICATION

### Personal Details

Given Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name if different: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male:  Female:

Home Address: \_\_\_\_\_ Preferred mailing address:

\_\_\_\_\_ Phone: \_\_\_\_\_

Practice Address: \_\_\_\_\_ Preferred mailing address:

\_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Qualifying Degrees (Date & Place): \_\_\_\_\_

Postgraduate Degrees (Date & Place): \_\_\_\_\_

Registration (Date & Place): \_\_\_\_\_ AHPRA Number: \_\_\_\_\_

Practice Information:  Private Practice  General Practice  
 Salaried Practice  Doctors In Training  
 Specialist Practice

Previous Membership of the AMA (State & Year): \_\_\_\_\_

Other Relevant Information (including languages spoken): \_\_\_\_\_

\_\_\_\_\_

## Special Interest Group

You are eligible to vote in the Federal Council elections for your craft group representative and to be nominated and/or vote for your craft group representative on the AMA ACT Advisory Council. Please nominate one of the categories below for this purpose by selecting your preference.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anaesthetists  | <input type="checkbox"/> Obstetricians & Gynaecologists | <input type="checkbox"/> Paediatricians |
| <input type="checkbox"/> Dermatologists   | <input type="checkbox"/> Ophthalmologists               | <input type="checkbox"/> Psychiatrists  |
| <input type="checkbox"/> Doctors in Training  | <input type="checkbox"/> Orthopaedic Surgeons           | <input type="checkbox"/> Radiologists   |
| <input type="checkbox"/> Emergency Physicians   | <input type="checkbox"/> Pathologists                   | <input type="checkbox"/> Surgeons       |
| <input type="checkbox"/> General Practitioners  | <input type="checkbox"/> Physicians                     |   |
| <input type="checkbox"/> Full time Salaried Doctors (Including research and academic doctors) |   |   |

I, \_\_\_\_\_  
GIVEN NAME(S) (BLOCK LETTERS) SURNAME (BLOCK LETTERS)

A REGISTERED MEDICAL PRACTITIONER, am desirous of being and hereby apply to be elected a Member of the Australian Medical Association and of the Australian Medical Association (ACT) Limited and I AGREE, if elected, to observe the principles stated in the DECLARATION OF GENEVA; viz:

- I solemnly pledge myself to consecrate my life to the service humanity;
- I will give to my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity;
- The health of my patient will be my first consideration;
- I will respect the secrets which are confided in me, even after the patient has died;
- I will maintain by all the means in my power, the honor and the noble traditions of the medical profession;
- My colleagues will be my sisters and brothers;
- I will not permit considerations of age, disease, or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, or social standings to intervene between my duty and my patient;
- I will maintain the utmost respect for human life from its beginning even under threat and I will not sue my medical knowledge contrary to the laws of humanity;
- I make these promises solemnly, freely and upon my honour;

And to abide by:

- The Regulations and By-Laws and to uphold the Code of Ethics of the Australian Medical Association for the time of being in force;
- The Rules and Regulations and/or the Memorandum and Articles of Association of the Australian Medical Association (ACT) Limited;
- The requirements of any other State or Territory Australian Medical Association to which I may at any time belong;
- The requirements to pay my annual subscription to the Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy Policy

The Australian Medical Association (ACT) Limited supports good privacy practice, and has developed a policy to protect your privacy in compliance with privacy legislation.

Our policy informs you:

- That we need your consent to collect information about you;
- Why we need to collect that information;
- How your information will be used by us and to whom we may need to disclose it;
- That you may discuss any concerns you have about how we handle your information.

Further information on our policy is available on request.

### Please return completed form to:

AMA ACT, PO Box 560, CURTIN ACT 2605  
Ph: 02 6270 5410 Fax: 02 6273 0455  
web: [ama-act.com.au](http://ama-act.com.au)  
email: [membership@ama-act.com.au](mailto:membership@ama-act.com.au)