



## The Australian Medical Association (ACT) Ltd

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ACN 008 665 718

### Application for Admission as a Student Member

I, \_\_\_\_\_  
(Title) (Given names) (Surname)

hereby apply to be elected as a student member of the Australian Medical Association (ACT) Ltd and agree, if elected, to abide by its Constitution.

#### Personal Details:

\_\_\_\_\_  
Date of Birth

M  F

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

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

University \_\_\_\_\_ University Study Year \_\_\_\_\_

Qualifications \_\_\_\_\_

Languages Spoken \_\_\_\_\_

I am interested in serving on a committee Yes / No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date