

The Australian Capital Territory Branch of the Australian Medical Association Ltd



AMA

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ABN 29 008 665 718

APPLICATION FOR ELECTION – Form 2

Personal Details	
Given Name(s)	Surname
Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address	Phone
Practice Address	Phone
E-mail Address	
Qualifying Degrees (Date & Place)	
Postgraduate Degrees (Date & Place)	
Registration (Date & Place)	
Previous Membership of BMA or Other National or Representative Professional Associations	
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. Please nominate one of the categories below for this purpose by circling your preference.

Physicians	Anesthetists	Psychiatrists
Ophthalmologists	General Practitioners	Pediatricians
Pathologists	Obstetricians & Gynecologists	Radiologists
Orthopedic Surgeons	Emergency Physicians	Dermatologists
Doctors in Training	Surgeons	
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 Capital Territory Branch of the Australian Medical Association Ltd 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 use 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 Capital Territory Branch of the Australian Medical Association;
- the requirements of any other Division or Branch of the 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 ACT Branch of the Australian Medical Association 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:
ACT-AMA, PO Box 560, CURTIN ACT 2605
Ph: 02 6270 5410 Fax: 02 6273 0455