

# The Australian Capital Territory Branch of the Australian Medical Association Ltd



# AMA

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## 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