



**The Australian Capital Territory Branch of the  
Australian Medical Association Limited**

PO Box 560, CURTIN ACT 2605 Phone 02 6270 5410 Fax 02 6273 0455  
Email [reception@ama-act.com.au](mailto:reception@ama-act.com.au)  
ACN 008 665 718

***Application for Admission as a Student Member***

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

hereby apply to be elected as a student member of the ACT Branch of the Australian  
Medical Association, and agree, if elected, to abide by the  
Constitution of the ACT Branch of the AMA.

**Personal Details:**

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

M  F

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

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

Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

University \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date