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## 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 (NT) Inc and agree, if elected, to abide by its Constitution.

### Personal Details

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

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

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

Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

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

Qualifications: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

I am a member of my University Medical Students Society: Yes:  No:

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

**Please return completed form to:**  
AMA NT, PO Box 2299, PARAP NT 0804  
Ph: 8981 7479  
web: [www.ama.com.au](http://www.ama.com.au)  
email: [amant@amant.com.au](mailto:amant@amant.com.au)