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Phone: (08) 8981 7479
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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
email: amant@amant.com.au