



AMA TASMANIA

AUSTRALIAN MEDICAL ASSOCIATION

APPLICATION FOR ADMISSION AS A STUDENT MEMBER 2015

I being a Student at the Tasmanian School of Medicine in myyear of Medicine, I hereby apply to be elected as an Associate Member of the Australian Medical Association, Tasmania.

I agree, if elected, to conform in all respects to the Articles, By-Laws, Regulations and Rules of the Australian Medical Association Tasmania.

NAME

MAILING ADDRESS.....

DATE OF BIRTH/...../..... **GENDER** Male/Female (Circle applicable)

CONTACT NUMBER

EMAIL ADDRESS

YEAR THAT YOU STARTED MEDICAL SCHOOL

YEAR THAT YOU EXPECT TO GRADUATE

SIGNED **DATE**.....

Please post back to AMA Tasmania State Office, 147 Davey Street Hobart Tas 7000 or fax to 6223 6469, e-mail to ama@amatas.com.au

