

Student membership

Application form

Application can be online at **joinama.ama.com.au** or by using this form



I hereby apply to be elected as a student member of AMA Queensland and I agree to be bound by the Memorandum and Articles of Association and By-Laws of AMA Queensland.

Title:	Mr	Mrs	Ms	Otl	her:					
Given nan	ne/s:									
Surname:										
							efer not to ansv			
Different term:										
Date of bi	rth:	/_	/_							
Are you of	f Aborigir	nal and/	or Torres	Strait I	slander o	rigin?				
Yes No Do not disclose										
Yes, Aboriginal Yes, Torres Strait Islander Y							es, both Aboriginal and Torres Strait Islander			
University	attende	d:	JCU	UQ	GU	BU	Other:			
Year level:										
Postal / h	ome addı	ress:								
Suburb: _							State:		Postcode:	
Phone:							Mobile:			
University	v email: _									
Signature	:									

Please complete this form and post to:

Membership Department, AMA Queensland, Reply Paid 123, Red Hill QLD 4059

Phone: 07 3872 2222

Apply online: joinama.ama.com.au **Email:** membership@amaq.com.au

