

Medical student membership application form 2025

**Medical student
membership is
free**

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 Other: _____

Given name/s: _____

Surname: _____

Gender: Female Male Non-binary Prefer not to answer

Different term: _____

Date of birth: ____ / ____ / ____

Are you of Aboriginal and/or Torres Strait Islander origin?

No Prefer not to answer Yes, Aboriginal Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

University attended: JCU UQ GU BU Other: _____

Year level: _____

Postal / home address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

University email: _____ Personal email: _____

Signature: _____

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How to apply

- ▶ Complete this form and email membership@amaq.com.au
- ▶ Post to **PO Box 123, Red Hill Qld 4059**
- ▶ Call our Membership Team on **07 3872 2222**