



THE TASMANIAN BRANCH OF THE AUSTRALIAN MEDICAL ASSOCIATION

**APPLICATION FOR ADMISSION AS A
STUDENT MEMBER 2012**

I, _____

being a Student at the Tasmanian School of Medicine in my _____
year of Medicine, hereby apply to be elected as an Associate Member of the
Tasmanian Branch of the Australian Medical Association.

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

NAME: _____

MAILING ADDRESS: _____

DATE OF BIRTH ____/____/____

CONTACT NUMBER _____

EMAIL ADDRESS _____

YEAR THAT YOU EXPECT TO GRADUATE _____

SIGNED **DATE**.....

Please post or fax back to;
AMA Tasmania State Office
147 Davey Street
Hobart TAS7000
PH: 03 6223 2047 FAX: 03 6223 6469