

New Member Application Form

Please complete and return to Membership Officer PO Box 41046 Casuarina NT 0811

Name _____
 Home Address _____
 Practice Address _____
 Mailing Address _____
 Home Ph: _____
 Work Ph: _____
 Mobile Ph: _____
 D.O.B. _____

Home Fax: _____
 Work Fax: _____
 Email: _____
 Sex (M/F): _____

Qualifications: _____

(Date and Place of) _____

Category: _____

Discipline: _____

(ENT, General Practice, etc)

Special Interest Group

Please nominate one of the following as your preferred special interest (craft) group:

- General Practice Surgeons & Ophthalmologists Physicians Radiologists Pathologists Full-Time Salaried Doctors
 O & G Psychiatrists Paediatricians Anaesthetists Dermatologists Emergency Physicians

Declaration - please read and indicate your acceptance or otherwise

I am a Registered Medical Practitioner, and am desirous of being, and hereby apply to be, elected a member of the Australian Medical Association and the Australian Medical Association Northern Territory Incorporated, and I agree, if elected, to observe the principles stated in the Declaration of Geneva. Viz.,
"I solemnly pledge myself to consecrate my life to the service of humanity. I will give to my teachers the respect and gratitude which is their due. I will practise my profession with conscience and dignity. The health of my patient will be my first. I will respect the secrets which are confided to me, I will maintain by all means in my power, the honour and the noble tradition of the medical profession, My colleagues will be my brothers, I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my duty and my patient, I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity. I make these promises solemnly, freely and upon my honour."

And to abide by

- The regulations and by-laws and to uphold the Code of Ethics of the Australian Medical Association for the time being in force.
- The Memorandum and Articles of Association and By-Laws of the Australian Medical Association Northern Territory Incorporated.
- The requirements of any other Division or Branch of the Australian Medical Association to which I may at any time belong
- Paying my annual Subscription to the Association.

Signature: _____

Date: _____

Membership Categories		Fee including GST
1	1st Year After Graduation	\$395.00
2	2nd Year After Graduation	\$460.00
3	3rd Year After	\$490.00
4	4th Year After Graduation	\$518.00
5	5th Year After Graduation & Subsequent years as RMO	\$540.00
PPS	Private Practice - Specialists	\$1,072.00
PPGP	Private Practice - General Practice	\$1,072.00
SMOPP	Salaried Medical Officer with rights to Private Practice	\$1,072.00
SMO	Salaried Medical Officers - Other	\$960.00
PT5	Part-time: up to 5 half days per week	\$540.00
PT2	Part-time: up to 2 half days per week	\$394.00
70+	Members over the age of 70 (in practice)	\$545.00
A/PG	Academic/Postgraduate (non-practising)	\$540.00
OSNIL	Overseas - nil journals	\$0.00
OS	Overseas - journals	\$540.00
RET	Permanently Retired	\$394.00
ML	Maternity Leave	\$394.00
GM	50 years members & gold medal	\$0.00
ASM	Associate Student Members	\$0.00
DIS	Joint partner/husband-wife discount off base subscription level	25%



When you join the
 AMANT you ensure the
 profession has a strong
 voice

As this country's foremost medico/political
 lobby group, the AMA is
YOUR
 organisation, guided and directed by
YOUR
 profession.
 Be part of the solution –
Join Today!

For office use only	
Date Received:	_____
Acknowledgement Sent:	_____
Entered into Database:	_____
Payment received:	_____
Date of Election:	_____
Kit Sent:	_____