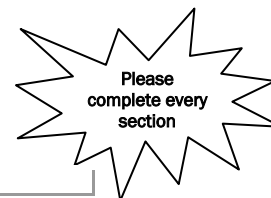




New Member Application Form

Please complete and return to PO Box 41046, CASUARINA NT 0811



Name: _____

Home Address: _____

Practice Address: _____

Mailing Address: _____

Home Ph: _____

Work Ph: _____ Work Fax: _____

Mobile Ph: _____ Email: _____

D.O.B.: _____ Sex (M/F): _____

Qualifications: _____

Year of Graduation: _____ University: _____

Category: _____ Discipline: _____

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
 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 practice 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:

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

Signature: _____

Date: _____

2009 Membership Categories		Fee including GST
1	1st Year After Graduation	\$439.00
2	2nd Year After Graduation	\$514.00
3	3rd Year After	\$549.00
4	4th Year After Graduation	\$581.00
5	5th Year After Graduation & Subsequent years as RMO	\$609.00
PPS	Private Practice - Specialists	\$1,202.00
PPGP	Private Practice - General Practice	\$1,202.00
SMOPP	Salaried Medical Officer with rights to Private Practice	\$1,202.00
SMO	Salaried Medical Officers - Other	\$1,077.00
PT2	Part-time: 1 to 10 hours per week	\$442.00
PT5	Part-time: 11 to 20 hours per week	\$608.00
PT8	Part-time: 21 to 30 hours per week	\$800.00
70+	Members over the age of 70 (in practice)	\$611.00
A/PG	Academic/Postgraduate (non-practising)	\$608.00
OSNIL	Overseas - nil journals	\$0.00
OS	Overseas - journals	\$608.00
RET	Permanently Retired	\$441.00
ML	Maternity Leave	\$449.00
GM	50 years members & gold medal	\$0.00
ASM	Associate Student Members	\$0.00
DIS	Joint partner/husband-wife discount off base subscription level <small>*Conditions apply</small>	25%



When you join the
AMA(NT) 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:	