

# Medical student membership application form 2026

**Medical student  
membership is  
free**

Join now



*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: \_\_\_\_\_

Commencement year: \_\_\_\_\_ Expected graduation year: \_\_\_\_\_

Postal / home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

University email: \_\_\_\_\_ Personal email: \_\_\_\_\_

Signature: \_\_\_\_\_

View our privacy policy at [amaq.com.au](http://amaq.com.au)

## How to apply

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