



AIDA Membership form - Individual

Summary

Title*		Post nominals	
First name*		Last name*	
Preferred name		Date of birth*	Gender*
Identity*	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Aboriginal and Torres Strait Islander	
	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Non Australian Indigenous	
	<input type="checkbox"/> Non Indigenous		
If Aboriginal or Torres Strait Islander applicants, please advise your Nation and/or People.			
Membership category*	<input type="checkbox"/> Indigenous medical student member ¹	<input type="checkbox"/> Indigenous medical doctor member ¹	
	<input type="checkbox"/> Student associate member	<input type="checkbox"/> Associate member	

¹ see checklist on page 3 for required supporting documentation

Contact details

Mobile*		Daytime phone	
Preferred email address*		Alternate email address	
Postal address line 1*			
Postal address line 2			
Suburb*		State/Territory*	Postcode*
Country if outside Australia		Nearest city (for AIDA networking events)	

Personal assistant, if applicable

First name		Last name	
Daytime phone		Email address	

* Indicates required field

