



INDIAN MEDICAL ASSOCIATION AUSTRALIA

101/149 Wickham Terrace, Spring Hill, Brisbane QLD 4000

www.imaaustralia.org

Membership No: IMA/Aust/18-

MEMBERSHIP PROPOSAL

INVITATION / APPLICATION / CONFERRED

Name: Date of Birth

Name of Partner: Date of Birth

Registration with Medical Board/AHPRA/MC

Name of Medical University Year of Graduation

Area of Specialization

Address: State: Post Code:
(Residence / Practice)

Telephone Email

Application proposed by

Date

Application verified by

Date

For Office use only

Chairman

Membership Committee

Jt. Secretary

NSW/QLD/Vic/SAWA/NT

Convenor

IMA (Australia)