



**Philippine Australian Medical  
Association**

P.O. Box 395  
Doonside NSW 2767  
AUSTRALIA  
[www.pama.org.au](http://www.pama.org.au)

**MEMBER DETAILS**

For the purpose of PAMA Membership and personal directory.

First Name:

Family Name:

Nickname or preferred name:

Home address:

Home Phone number:

Mobile Phone number:

Work Phone number:

Email address:

**CLINICAL / BUSINESS DETAILS**

For the purpose of organizing a clinical directory of PAMA members to be made available to colleagues and the public.

Name of Doctor:

Category of Practice:

Areas of Special Interest or Skills:

Clinic or Business Address:

Clinic Phone Number:

Emergency Number:

Clinic Hours:

Please return to PAMA. Thank you.

Mail: Philippine Australian Medical Association, P.O. Box 395, Doonside NSW 2767

or

Email: [info@pama.org.au](mailto:info@pama.org.au)