



Philippine Australian Medical Association

107 Woodcroft Drive
Woodcroft NSW 2767
AUSTRALIA

MEMBER DETAILS

For the purpose of PAMA Membership and personal directory

First Name:

Family Name:

Nickname/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:

Name of University:

Year Graduated:

Category of Practice:

Areas of Special Interest/ Skills:

Clinic or Business Address:

Clinic Phone Number:

Emergency Number:

Clinic Hours:

Please return to PAMA with your annual membership fee of \$50 via electronic transfer or write a cheque payable to PAMA.

Bank details:

Account Name: Philippine Australian Medical Association Inc.
BSB: 062 339 Account Number: 10178534

Mail:

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