



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2019 AACP MEMBERSHIP APPLICATION

PERSONAL DETAILS

TITLE: ☐ Dr ☐ A/Prof ☐ Prof ☐ Other _____ DATE OF BIRTH: / / GENDER: ☐ M ☐ F
FIRST NAME: _____ MIDDLE NAME: _____
SURNAME: _____

CONTACT DETAILS

EMAIL: (REQUIRED FOR ONLINE ACCESS) _____
MAILING ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____
BUSINESS: (0) FAX: (0)
MOBILE: _____

PROFESSIONAL DETAILS

QUALIFICATIONS: ☐ FRACP ☐ MBBS ☐ MD ☐ PhD Other _____
MAIN SPECIALTY: _____ SPECIALITY SOCIETY: _____
AMA MEMBER: ☐ Yes ☐ No ARE YOU IN PRIVATE PRACTICE: ☐ Yes ☐ No

MEMBERSHIP DECLARATION

To: The Executive Officer, Australian Association of Consultant Physicians
I wish to become a Member of the Australian Association of Consultant Physicians (AACP) and agree to abide by the Memorandum and Articles of Association of the AACP.

SIGNED: _____ DATED: _____

PAYMENT- TAX INVOICE / RECEIPT

MEMBERSHIP JOINING PERIOD: (select the month you are applying in)	MEMBERSHIP FEE (including gst)
<input type="checkbox"/> January – March	\$325.00 (including \$29.55 GST)
<input type="checkbox"/> April – June	\$243.75 (including \$22.16 GST)
<input type="checkbox"/> July – September	\$162.50 (including \$14.77 GST)
<input type="checkbox"/> October – December	\$81.25 (including \$7.39 GST)

☐ **CHEQUE:** make payable to "The Australian Association of Consultant Physicians Ltd" Cheque No.: _____

☐ **CREDIT CARD:** ☐ Amex ☐ Diners ☐ MasterCard ☐ Visa

NAME ON CARD: _____ AMOUNT: \$ _____

CARD NUMBER: _____ / _____ / _____ / _____ EXP: _____ / _____

SIGNATURE: _____ DATE: _____

☐ **DIRECT DEBIT REQUEST:** I request and authorise the AACP to annually automatically renew my membership going forward by debiting my credit card listed above, until such time as I cancel my authority in writing.

The AACP membership year is from 1 January to 31 December. Annual membership renewals are sent out in November of each year for the forthcoming membership year. This document becomes a tax invoice for GST purposes upon completion of payment and when signed and dated. Please keep a copy for your records. The Australian Association of Consultant Physicians Limited ABN 91 003 881 230

Please forward completed form via:
Post: AACP, PO Box 145, Balmain NSW 2041
Fax: 02 9555 1383
Email: secretariat@aACP.org.au

Office Use Only
WEB0119
Member Id:
Date: