



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2020 AACP Membership Application Form

PERSONAL DETAILS

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

CONTACT DETAILS

MAILING ADDRESS:
 SUBURB: STATE: POSTCODE:
 BUSINESS: (0) FAX: (0)
 MOBILE:
 EMAIL: (REQUIRED FOR ONLINE ACCESS)

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:

MEMBERSHIP FEES

JOINING DATE: (select the month you are applying in)	MEMBERSHIP FEE (including gst)
<input type="checkbox"/> 1 January – 30 September	\$395.00 (including \$35.91 GST)
<input type="checkbox"/> 1 October – 31 December (Up to 15 months of membership for the price of 12**)	\$395.00 (including \$35.91 GST)

PAYMENT- TAX INVOICE / RECEIPT

ONLINE: www.aacp.org.au/membership/join (Please also send in application form)
 CHEQUE: make payable to "The Australian Association of Consultant Physicians Ltd" Cheque No.:
 CREDIT CARD: Amex MasterCard Visa

NAME ON CARD: AMOUNT: \$
 CARD NUMBER: / / EXP: /

SIGNATURE: DATE:

DIRECT DEBIT REQUEST: I request and authorise the Australian Association of Consultant Physicians Ltd to renew my membership annually by debiting funds from my nominated credit card listed above, until further notice is given in writing.

* FRACP required for membership of AACP
 **to receive up to 15 months of membership for the price of 12 months please submit your application through the Secretariat.

The AACP membership year is from 1 January to 31 December. Annual membership renewals are sent out in December 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
 2020Web
 Member Id:
 Date: