



# AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

## 2019 AACP Membership Application

### REFERRING MEMBER:

Member ID

Full name

### YOUR DETAILS

TITLE: DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GENDER: ☐ M ☐ F

FIRST NAME: MIDDLE NAME:

SURNAME:

### CONTACT DETAILS

EMAIL: (REQUIRED FOR ONLINE ACCESS)

ADDRESS:

SUBURB: STATE: POSTCODE:

WORK: (0 ) FAX: (0 )

### PROFESSIONAL DETAILS

QUALIFICATIONS: ☐ FRACP ☐ MBBS ☐ MD ☐ PhD Other \_\_\_\_\_

MAIN SPECIALTY: SPECIALTY SOCIETY: (main one only)

Are you an AMA member: ☐ Yes ☐ No Are you in private ☐ 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)

☐ January – March

\$325.00 (including \$29.55 GST)

☐ April – June

\$243.75 (including \$22.16 GST)

☐ July – September

\$162.50 (including \$14.77 GST)

☐ 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:** 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. 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](mailto:secretariat@aacp.org.au)

Office Use Only  
MGAM0119  
Member Id:  
Date: