



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2020 AACP MEMBERSHIP RENEWAL

PERSONAL DETAILS

MEMBER ID: _____ DATE OF BIRTH: ____ / ____ / ____ GENDER: M F

TITLE: Dr A/Prof Prof Other: _____

FIRST NAME: _____ MIDDLE NAME: _____

SURNAME: _____

CONTACT DETAILS

EMAIL: (REQUIRED FOR ONLINE ACCESS) _____

MAILING ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

BUSINESS: (0) _____ FAX: (0) _____

MOBILE: _____

PAYMENT- TAX INVOICE / RECEIPT

MEMBERSHIP PERIOD: JANUARY 2020 – DECEMBER 2020 FEES: \$395.00 (including \$35.91 GST)

CHEQUE: make payable to "The Australian Association of Consultant Physicians Ltd"

CREDIT CARD: Amex MasterCard Visa



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Call your bank, credit union or building society to make this payment from your cheque, savings or credit card account.

NAME ON CARD: _____ AMOUNT: \$395.00

CARD NUMBER: ____ / ____ / ____ / ____ EXP: ____ / ____

SIGNATURE: _____ DATE: _____

DIRECT DEBIT: 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.

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

Office Use Only
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 Member Id:
 Date: