



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2019 AACCP MEMBERSHIP RENEWAL

PERSONAL DETAILS

MEMBER ID:

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:

PAYMENT- TAX INVOICE / RECEIPT

MEMBERSHIP PERIOD: JANUARY 2019 – DECEMBER 2019

FEES: \$325.00 (including \$29.55 GST)

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



Biller Code: 768689
Ref: contact AACCP

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

Telephone & Internet Banking – BPAY

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

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AMOUNT: \$325.00

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☐ **DIRECT DEBIT:** I request and authorise the AACCP 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 AACCP 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: AACCP, PO Box 145, Balmain NSW 2041

Fax: 02 9555 1383

Email: secretariat@aacp.org.au

Office Use Only

WEB0119

Member Id:

Date: