



# AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

## 2010 AACCP Membership Renewal

1 January – 31 December

### PERSONAL DETAILS

PLEASE USE BLOCK LETTERS

TITLE:	DATE OF BIRTH: / /	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
FIRST NAME:	MIDDLE NAME:	
SURNAME:		

### CONTACT INFORMATION

EMAIL:		
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
☎ WORK: (0 )	FAX: (0 )	
MOBILE:		

### SURVEY QUESTIONS

QUALIFICATIONS:		
MAIN SPECIALTY:	SPECIALITY SOCIETY: (MAIN ONE ONLY)	
AMA MEMBER: <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU IN PRIVATE PRACTICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

<b>PAYMENT METHODS</b>	<input type="checkbox"/> ONLINE * (PayPal)	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHEQUE *
	www.consultantphysicians.com.au	FAX: 02 9555 1383	PO Box 145, Balmain NSW 2041

CARD TYPE:  Amex  Diners  MasterCard  Visa  tick (✓)

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_ TOTAL: **\$295.00** (INC \$26.82 GST)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* Online: Also return completed form to AACCP \* Cheques: Make payable to 'The Australian Association of Consultant Physicians Ltd'

THIS DOCUMENT BECOMES A TAX INVOICE ON PAYMENT - Keep a copy for your records

*Thank you for supporting the AACCP!*

Office Use Only: OL

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