

Dear Colleague,

*I'm already a member of the AACP and recommend you also join them today.
Below is an outline of why being a member of the AACP is so important.*

WHO IS THE AACP?

The Australian Association of Consultant Physicians (AACP) represents all consultant physicians and paediatricians to assure recognition of the value of quality consultant physician and paediatric practice in Australia.

WHAT THE AACP DOES FOR YOU...

The AACP is highly effective in lobbying on your behalf.

The AACP secured the **first two new attendance items for consultant physicians for over 20 years!**

Items 132 and 133 were introduced in November 2007 as a direct result of the AACP's submission and representations to the Australian Government.

For this reason alone, you should support the AACP.

The AACP represents your interests and those of your patients.

The AACP works to:

- improve the fees for Medicare Benefits;
- ensure Medicare items will help optimise patient care;
- provide advice on areas that affect the working conditions of consultant physicians and paediatricians.

The AACP has much to achieve on your behalf!

The AACP develops discussion papers and submissions and undertakes comprehensive negotiations with the Department of Health and Ageing on a range of issues relevant to you and your patients.

Our current agenda includes a longer initial and subsequent attendance item and progress on telehealth.

There are many ongoing issues requiring the AACP's attention.

THE AACP NEEDS YOUR SUPPORT!

The AACP needs support from individual physicians and paediatricians, like you, to continue to support your interests and those of your patients.

Join the AACP today! - application on the other side



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2010 AACP Membership Application

1 January – 31 December

To: The Secretary, 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.

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

REFERRING MEMBERS NAME:	
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: _____

PAYMENT METHODS	<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 AACP * 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

Office Use Only: MGAM OL

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