



# AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

## 2011 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:  M  F

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

### CONTACT DETAILS

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

☎ WORK: ( 0 ) \_\_\_\_\_ FAX: ( 0 ) \_\_\_\_\_

MOBILE: \_\_\_\_\_

### PROFESSIONAL INFORMATION

Qualifications: \_\_\_\_\_

Main Speciality: \_\_\_\_\_ Speciality Society: (main one only) \_\_\_\_\_

Are you an AMA member:  Yes  No Are you in private practice:  Yes  No

Have you been an AACP member before:  Yes  No

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

### PAYMENT METHODS



**ONLINE** [www.consultantphysicians.com.au](http://www.consultantphysicians.com.au)

Also fill in details on form and return to AACP



**CHEQUE** Mail to - PO Box 145, Balmain NSW 2041

Make payable to "The Australian Association of Consultant Physicians Ltd"



**CREDIT CARD** FAX: 02 9555 1383 or MAIL: PO Box 145, Balmain NSW 2041

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

Amex CARD NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_

Diners SIGNATURE: \_\_\_\_\_ AMOUNT: **\$295.00 (including \$26.82 GST)**

MasterCard

Visa  Please retain my credit card details for automatic annual renewal of my membership.

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

Office Use Only: OL

The Australian Association of Consultant Physicians Limited ABN 91 003 881 230

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