



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2011 AACP Membership Renewal

1 January – 31 December

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 Specialty: _____ Speciality Society: (main one only) _____

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

SIGNED: _____ DATED: _____

PAYMENT METHODS	 <input type="checkbox"/> ONLINE www.consultantphysicians.com.au <input type="checkbox"/> For change to details, return updated form to AACP	 Biller Code: 768689 Ref: contact AACP
	 <input type="checkbox"/> CHEQUE MAIL: PO Box 145, Balmain NSW 2041 Make payable to "The Australian Association of Consultant Physicians Ltd"	
	 <input type="checkbox"/> CREDIT CARD FAX: 02 9555 1383 MAIL: PO Box 145, Balmain NSW 2041	

Telephone & Internet Banking – BPAY
Call your bank, credit union or building society to make this payment from your cheque, savings or credit card account. More info: www.bpay.com.au

CARD TYPE: <input checked="" type="checkbox"/>	NAME ON CARD: _____
<input type="checkbox"/> Amex	CARD NUMBER: _____ / _____ / _____ / _____ EXP _____ / _____
<input type="checkbox"/> Diners	SIGNATURE: _____ AMOUNT: \$295.00 (including \$26.82 GST)
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Please retain my credit card details for automatic annual renewal of my membership.
<input type="checkbox"/> Visa	

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

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