



# AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

## 2012 AACP Membership Application

October 2011 – 31 December 2012

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 Specialty: \_\_\_\_\_ Specialty 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 complete 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  
 Diners  
 MasterCard  
 Visa  
CARD NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP \_\_\_\_ / \_\_\_\_  
SIGNATURE: \_\_\_\_\_ AMOUNT: **\$295.00 (including \$26.82 GST)**  
 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: OL3MF