



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2012 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

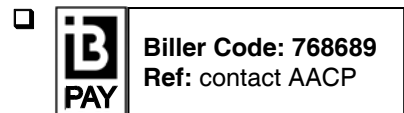
Qualifications: _____
Main Specialty: _____ Specialty Society: (main one only) _____
Are you an AMA member: Yes No Are you in private practice: Yes No
SIGNED: _____ DATED: _____

PAYMENT METHODS

ONLINE
www.consultantphysicians.com.au/renew
For change to details, return updated form to AACP

CHEQUE
MAIL: PO Box 145, Balmain NSW 2041
Payable to "The Australian Association of Consultant Physicians Ltd"

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: 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: OLR