



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

2022 AACP Membership Application

REFERRING MEMBER:

Member ID Full name

YOUR DETAILS

TITLE: DATE OF BIRTH: ___ / ___ / ___ GENDER: M F

FIRST NAME: MIDDLE NAME:

SURNAME:

CONTACT DETAILS

EMAIL: (REQUIRED FOR ONLINE ACCESS)

ADDRESS:

SUBURB: STATE: POSTCODE:

WORK: (0) FAX: (0)

PROFESSIONAL DETAILS

QUALIFICATIONS: FRACP* MBBS MD PhD Other

MAIN SPECIALTY: SPECIALTY SOCIETY: (main one only)

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

MEMBERSHIP DECLARATION

To: The Executive Officer, 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.

SIGNED:

DATED:

MEMBERSHIP FEES

JOINING DATE: (select the month you are applying in)

1 January – 30 September

1 October – 31 December (Up to 15 months of membership for the price of 12**)

MEMBERSHIP FEE (including gst)

\$395.00 (including \$35.91 GST)

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PAYMENT- TAX INVOICE / RECEIPT

CHEQUE: make payable to "The Australian Association of Consultant Physicians Ltd"

Cheque No.:

CREDIT CARD: Amex MasterCard Visa

NAME ON CARD:

AMOUNT: \$

CARD NUMBER: / /

EXP: /

SIGNATURE:

DATE:

DIRECT DEBIT REQUEST: I request and authorise the Australian Association of Consultant Physicians Ltd to renew my membership annually by debiting funds from my nominated credit card listed above, until further notice is given in writing.

* FRACP required for membership of AACP

**to receive up to 15 months of membership for the price of 12 months please submit your application through the Secretariat.

The AACP membership year is from 1 January to 31 December. Annual membership renewals are sent out in December of each year for the forthcoming membership year. This document becomes a tax invoice for GST purposes upon completion of payment and when signed and dated. Please keep a copy for your records. The Australian Association of Consultant Physicians Limited ABN 91 003 881 230

PLEASE FORWARD COMPLETED FORM VIA:

Post: AACP, PO Box 145, Balmain NSW 2041

Fax: 02 9555 1383 | Email: secretariat@aacp.org.au

Office Use Only
2022Web
Member Id:
Date: