

2023 AACP Membership Application

REFERRING MEMBER:

Full name

YOUR DETAILS

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

FIRST NAME: _____

SURNAME: _____

CONTACT DETAILS

EMAIL: (REQUIRED) _____

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 **

MEMBERSHIP FEE (including gst)

\$395.00 (including \$35.91 GST)

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Member-Get-a-Member Offer
Both members receive \$50 off
their membership fee!

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: ~~\$395~~ **\$345** (inc \$31.36 gt)

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

** Joining in October to December you receive the remainder of the year free and pay for the following year, giving you up to 15 months for the price of 12.

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:

Email: secretariat@aacp.org.au

Post: AACP, PO Box 145, Balmain NSW 2041

Office Use Only
2023Web
Member Id:
Date: