



Application for Affiliate Membership

Insert Passport Photo Here	Name:		
	Date of Birth:		
	Street Address: (Home)		
	City/ State/ Post Code:		
	Street Address: (Work)		
	City/ State/ Post Code		
	Contact Details:	Home	
Work			
Mobile			
Email			

Professional Information				
1. What is your occupation?				
Podiatrist	Medical Practitioner	Academic	Other Health Practitioner*	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please provide your AHPRA registration number: _____				
*If other health practitioner, please specify discipline: _____				
2. Are you a registered podiatric surgeon, podiatric surgical graduate or surgical trainee of a non-ACPS institution? (please circle)				
			Yes	No

Important Note - An application may be refused or membership discontinued if the affiliate member has any conditions or limitation to registration applied by AHPRA. **Please supply a copy of your AHPRA certificate with this application.**

Payment Information
<p>The annual membership fee for the ACPS Affiliate Membership is \$318.00</p> <p>Payment can be made by cheque, Electronic Funds Transfer or Credit Card (VISA or Mastercard only)</p> <p><input type="checkbox"/> Cheque (made payable to "Australasian College of Podiatric Surgeons")</p> <p><input type="checkbox"/> Electronic Funds Transfer EFT to ACPS BSB: 105-125 Account: 030841140 Ref: "AffM: insert your name or company"</p> <p><input type="checkbox"/> Credit Card (additional 1.3% surcharge fee is applicable) – contact the Assistant Secretary if you wish to pay via this method.</p> <hr/> <p>Please note, you still need to complete this registration form and mail the original to the address below to ensure your membership application is complete.</p>

Please send this application and supporting documentation (AHPRA certificate) to:

Australasian College of Podiatric Surgeons
PO Box 248
Collins Street West VIC 8007

Telephone: +61 3 9286 8188
Facsimile: +61 3 9286 8180
Email: podiatric.surgeons@rsm.com.au