



## Application for Affiliate Membership

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

Professional Information				
<b>1. What is your occupation?</b>				
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: _____				
<b>2. Are you a registered podiatric surgeon, podiatric surgical graduate or surgical trainee of a non-ACPS institution? (please circle)</b>				
			<b>Yes</b>	<b>No</b>

**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
<b>The annual membership fee for the ACPS Affiliate Membership is \$334.00</b>
<b>Payment can be made by cheque, Electronic Funds Transfer or Credit Card (VISA or Mastercard only)</b>
<input type="checkbox"/> <b>Cheque</b> (made payable to "Australasian College of Podiatric Surgeons")
<input type="checkbox"/> <b>Electronic Funds Transfer</b> EFT to ACPS BSB: 105-125 Account: 030841140 Ref: "AffM: insert your name or company"
<input type="checkbox"/> <b>Credit Card</b> (additional 1.3% surcharge fee is applicable) – contact the Assistant Secretary if you wish to pay via this method.
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.

**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