AAAPC

Australasian Association for Academic Primary Care Inc.

APPLICATION FOR MEMBERSHIP

☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ……
(Please print full name)

Involvement in General Practice: ☐ Research ☐ Teaching ☐ Both

Profession: ☐ Clinical ☐ Non Clinical

Organisation……

Position……

Mailing Address……...

Suburb……State……Post Code……

Email Address……..

I wish to become a member of Australian Association for Academic Primary Care. In the event of my admission as a member, I agreed to be bound by the rules of the Association for the time being in force.

☐ I agree to my details being published in our membership list.

(Please sign)…….. Date……..

I, ……, a member of the Association, nominate the applicant for membership of the Association.

* (Signature of Proposer)…… Date……

I, ……, a member of the Association, second the nomination of the applicant for membership of the Association.

* (Signature of Seconder)…… Date……

* If you don't know a AAAPC member who could sign your application, send this form to the Secretariat (with your details completed) and signatures will be arranged for you.

Your payment method:

☐ Cheque or Money order attached (make payable to AAAPC) and **post to**:
AAAPC, The Secretariat ,Dept of General Practice, University of Melbourne, 200 Berkeley St, Carlton VIC 3053

☐ Please charge my credit card account for the amount of ☐ **$150.00** ☐ **$60** *(Registrar or RHD student)*

☐ Mastercard ☐ Visa

☐ Payment to intenet banking Account No: **682 781 472** BSB NO. **083 256**

fax form to: 03 9347 6136 (Australia) or +613 8334538 (from overseas)

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Name on card: _____ Signature: _____
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