



**APPLICATION FOR ADIPS MEMBERSHIP**

Title: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Professional Qualifications/Degrees: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nominated by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

**Please Note:** *Nominators and Seconders must be current financial Members of ADIPS.  
 If you have no contact with financial members, please forward a brief CV with this form.*

**Membership is from March to March each year**

Ordinary Australian Members (includes GST)		Ordinary OVERSEAS Members (no GST)	
Tier 1 – Medical Practitioner	A\$165	Tier 1 – Medical Practitioner	A\$150
Tier 2 – Researcher, Nurses, Allied Health, Registrars	A\$110	Tier 2 – Researcher, Nurses, Allied Health, Registrars	A\$100
Tier 3 – Student	A\$99	Tier 3 – Student	A\$90

**For our records, would you please indicate which category best describes your major area of interest/employment.**

Diabetes Educator  Obstetrician  Endocrinologist  Other \_\_\_\_\_

Are you a fellow of:  RACP  RANZCOG  RACGP  Other \_\_\_\_\_

**Payment Options:**

*(Please circle method of payment)*

**Tick if receipt is required**

**EFT      Mastercard      Visa      Cheque      Amount A\$** \_\_\_\_\_

**Electronic Funds Transfer (EFT):**

**EFT:** ADIPS Ltd BSB: 012-055 Account No: 4067-02141 **Reference:** Your initial & surname **(It is essential that you put in the Reference or your payment will not be recognised)**

**Credit Card Payment**

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ CVC (3 digits) \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

**Privacy Policy Note:**

ADIPS complies with the National Privacy Legislation, Privacy Amendment (Private Sector) Act 2001, effective 21 December, 2001.

\* I have read and **agree / disagree** with the ADIPS Privacy Policy - **(Please Circle One)**