



## APPLICATION FOR ADIPS MEMBERSHIP

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

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

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

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

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_

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 copy of your current  
resume together with your ADIPS membership application form to the ADIPS Secretariat.*

**Membership is based on a calendar year from 01 January 2012 to 31 December 2012**

For Australian Members: Membership fee is A\$66.00 (includes \$6 GST)

For Overseas Members: Membership fee is A\$60.00 (excludes GST)

***Application form together with Membership fee should be forwarded to:-***

Ms Suzie Neylon, ADIPS Secretariat  
145 Macquarie Street, Sydney, NSW, 2000, Australia  
Fax: +61 2 9251 8174 or E-mail: adips@racp.edu.au

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

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

Please advise if you a fellow of:  RACP  RANZCOG  Other \_\_\_\_\_

**Payment Options:** (Please select form of payment) ***Tick if receipt is required***

Cheque enclosed - *made payable to 'ADIPS'* Amount: A\$ \_\_\_\_\_

Please debit my:  Visa card  Mastercard Amount: A\$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry date: \_\_ / \_\_

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)*