



APPLICATION FOR ADIPS MEMBERSHIP 2020

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\$198	Tier 1 – Medical Practitioner	A\$180
Tier 2 – Researcher, Nurses, Allied Health, Registrars	A\$121	Tier 2 – Researcher, Nurses, Allied Health, Registrars	A\$110
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)**