MEMBERSHIP APPLICATION
Australian Chinese Medical Practitioners Society Inc
ABN 21306893821

APPLICANT INFORMATION		
*Surname:	*Given Name/s:	
*Date of Birth:	*Mobile:	Phone:
Country of Birth:	Gender:	Languages Spoken:
*Email address for correspondence:		
*Home Address:		
City:	State:	Post Code:
Practice Address:		Phone:
City:	State:	Post Code:
Preferred Postal address:		
Hobbies/Interests:		

QUALIFICATIONS		
*Qualifications (e.g. MBBS, FRACGP)		
University:	*Specialty:	*Medical Registration:

SIGNATURE	
I hereby apply to become a Member of the Australian Chinese Medical Practitioners Society Inc and I agree to abide by the rules and regulations of the association.	
Signature:	Date:

PAYMENT INFROMATION

The fee for 2017-2018

Entrance Fee:
- Members: $80+ GST = $88

Subscription Fee:
Covers the Calendar year (1st Jan to 31st Dec)
- Application at 1st Jan – 30th Jun $120 + GST = $132
- Application at 1st Jul – 31st Dec $60+ GST = $66

Entrance $	+	Subscription $	=	**Total $**

PAYMENT OPTIONS:

Bank Account Transfer- Account Name: Australian Chinese Medical Practitioners Society Inc
BSB No: 062-184
Account No: 1168 2714
Please ensure you use your surname as a reference number. Please send payment confirmation with your application so that we can identify your payment.

Cheque – Enclose a cheque payable to "Australian Chinese Medical Practitioners Society Inc"
Post cheques to: ACMPS, PO Box H31, Hurlstone Park NSW 2193

I wish to pay ACMPSI by (please tick): Cheque ☐ Electronic Funds Transfer ☐

* indicates compulsory field