



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 2016 to 31 December 2016

For Ordinary Australian Members: Membership fee is A\$99.00 (includes \$9 GST)

For Ordinary Overseas Members: Membership fee is A\$90.00 (excludes GST)

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

ADIPS Secretariat
145 Macquarie Street, Sydney, NSW, 2000, Australia
Fax: +61 2 9251 8174 or E-mail: admin@adips.org

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)*