



## 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 to 31 December**

**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/employment.**

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)*