



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

Ordinary Australian Members (includes GST)		Ordinary Overseas Members (no GST)	
Tier 1 – Medical Practitioner	A\$165	Tier 1 – Medical Practitioner	A\$150
Tier 2 – Researcher, Nurses, Allied Health, Registrars	A\$110	Tier 2 – Researcher, Nurses, Allied Health, Registrars	A\$100
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 _____

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)**