



AUSTRALIAN PODIATRY ASSOCIATION

New South Wales

ABN 97 000 032 093

Suite 20/450 Elizabeth Street
Surry Hills NSW 2010
www.podiatry.asn.au

Tel: (02) 9698 3751
Fax: (02) 9698 7116
apoda@podiatry.asn.au

MEMBERSHIP RENEWAL – 2009/10

CATEGORIES and SPECIAL CONDITIONS

**PLEASE READ THE FOLLOWING INFORMATION AND ATTACH
ADDITIONAL DOCUMENTATION WHERE REQUIRED**

MEMBERSHIP CATEGORY	CRITERIA
Full	Registered podiatrist engaged in private practice, the public sector or the academic sector.
Part-time Employed	Registered podiatrist engaged as a podiatrist for 15 hours or less per week. <i>You must attach a Statutory Declaration stating that you will be working as a Podiatrist or in a related field for 15 hours or less per week in the financial year 2009/10</i>
Full-time Post-graduate Student	Registered podiatrist engaged in full-time post-graduate study completing the equivalent of 75 credit points over 1 year; and engaged as a podiatrist for 15 hours or less per week. <i>You must attach proof of the required post-graduate study points as well as a Statutory Declaration stating that you will be "working as a Podiatrist or in a related field for 15 hours or less per week in the financial year 2009/10</i>
Undergraduate Student, New Graduate	Person engaged in under-graduate podiatry studies or newly tertiary qualified podiatrist who is expected to be engaged as a podiatrist within 12 months.
Non-Practising Member	Registered podiatrist, or person formerly a registered podiatrist, who is not engaged as a podiatrist or working in a podiatry related field for fee, gain or reward. <i>You must attach a Statutory Declaration stating that you "will not be working in podiatry or in a related field for fee, gain or reward in New South Wales in the financial year 2009/10</i>
Non Podiatrist Member	Person who has an interest in podiatry.

<<< Annual Membership Fees are due on 1 July 2009 and payable by 31 July 2009 >>>

This document is a TAX INVOICE. A separate receipt will be issued upon payment.

Returned cheques/card payments will incur an additional fee of \$30.00.

Credit card payments will incur an additional 1.5% fee.



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PAYMENT FORM

<< Please fill in the details below, then post to the address above
or Fax to 02 9698 7116 >>

Tick One ⁽¹⁾ ✓	Membership Category ⁽²⁾	Fee ⁽³⁾
	Full Member	\$949
	Part-time Employed Member	\$859
	Full-time Postgraduate Student Member	\$759
	Undergraduate Student, New Graduate Member ⁽⁴⁾	Nil
	Non-Practising Member	\$120
	Non-Podiatrist Member	\$550

Notes:

- (1) Please tick the applicable category under which you are applying for renewal/membership.
- (2) Please see reverse side of this form for an explanation of membership categories and other requirements.
- (3) Includes GST and, except for Undergraduate, New Graduate, Non-Practising and Non-Podiatrist members, the Annual Membership Levy to the Australasian Podiatry Council
- (4) New Graduate membership remains free after graduation, up until 30 June 2010.

MEMBER NAME (in capitals):

PAYMENT OPTIONS

1. **CHEQUE:** I enclose a cheque for \$..... payable to "Australian Podiatry Association (NSW)"

2. **CREDIT CARD:** Charge my credit card a total amount of \$..... + 1.5% = \$.....

Card type: Bankcard MasterCard Visa (please tick relevant card)

Card Number

Expiry Date: Cardholder Name:

Cardholder's Signature : Date :

3. **ELECTRONIC FUNDS TRANSFER:** Please transfer the full subscription amount to:

Account No: 1000 3147
BSB: 062 012
Acct. Name: Australian Podiatry Association NSW

IMPORTANT: So that we can correctly track your payment, please quote the following reference in your funds transfer description: Your Name