

Application for Membership

Personal and Professional Details

Please complete below and Remittance Advice overleaf

I, being the applicant named on this application for membership, desire to become a Member of the National Association of Practising Psychiatrists Inc ABN 22 076 781 854 (an association incorporated in NSW) and hereby agree, if admitted to membership, to be bound by the Memorandum and Articles of Association of the National Association of Practising Psychiatrists Inc for the time being in force and hereby authorise my name to be placed in the Register of Members.

Name _____

Address _____

Suburb / Town _____ State _____ Postcode _____

Telephone (w) _____ (h) _____

Facsimile (w) _____ (h) _____

Mobile _____

E-mail _____

Specialty _____

Professional Qualifications _____

Principal hospitals I am accredited to _____

Professional medical organisations I belong to _____

Your membership must be nominated and seconded by two financial Members of the National Association of Practising Psychiatrists Inc

NOMINATOR: _____
(must be a financial member)

Name _____

Address _____

As a Member of NAPP, I nominate the applicant, who is personally known to me, for membership of the association.

Signature _____ Date _____

SECONDER: _____
(must be a financial member)

Name _____

Address _____

As a Member of NAPP, I nominate the applicant, who is personally known to me, for membership of the association.

Signature _____ Date _____

I acknowledge that I have read and fully understand the Terms and Conditions of Membership which, are available to me upon request and on NAPP's website at www.napp.one.net.au/membership.

Signature _____ Date _____

Please complete Remittance Advice overleaf...

Application for Membership

Remittance Advice and Tax Invoice

ABN 22 076 781 854

Please accept my payment for membership of the National Association of Practising Psychiatrists Inc the details of which I have indicated below.

Membership Category

A detailed explanation of each membership category can be found in the Terms and Conditions of Membership which are available to me upon request and on NAPP's website at www.napp.one.net.au/memb_rules.html

The category of membership I am applying for is:

€ Ordinary Member \$220 per annum (including GST)

€ Registrar and Trainee Member \$55 per annum (including GST)

Payment by Cheque

€ Please find enclosed my cheque for \$_____ being one year's annual membership fee.

OR

Payment by Credit Card

€ Please debit my credit card for \$_____ being one year's annual membership fee.

€ American Express

€ Diners Club

€ Mastercard

€ Bankcard

€ Visa

Card No.

Name on Card

Signature

Expiry Date

When both the Personal & Professional Details and Remittance Advice sections have been completed please return this application together with your payment to:

National Association of Practising Psychiatrists Inc
PO Box 12
ARNCLIFFE NSW 2205
Australia