

Application for Associate Membership

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRAC+ICE



2017 - 2018

Categories and fees (Part-year is calculated pro rata to 30 June 2018: one-twelfth per month)

Health professional: \$135.00

You are an allied health professional, practice manager or health administrator. (Eg. Nurse, physician's assistant)

IMG Associate: \$180.00

You are an unregistered overseas trained doctor (OTD) seeking to obtain registration in Australia

Student: \$30.00 (no pro rata)

You are enrolled in an undergraduate or graduate course in medicine or health and is valid for a maximum of 4 years.

Membership category

IMG Associate Health professional Student.

Identity

Title: _____ First name: _____ Other name/s: _____

Family name: _____ Preferred name: _____

Date of birth: DD/MM/YYYY Gender: Female Male I am of Aboriginal or Torres Strait Islander origin: No Yes, Aboriginal Yes, Torres Strait Islander

Private contact details *

Street address: _____ Town or Suburb: _____

State: _____ Postcode: _____ Country: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Organisation/university contacts *

Organisation/university _____

Street address: _____ Town or Suburb: _____

State: _____ Postcode: _____ Country: _____ Fax: _____

Phone: _____ Mobile: _____ Email: _____

* For correspondence, I prefer the College uses my Org/Uni contacts Private contacts [please tick one]

Declaration

I declare that the information on this form is, to the best of my knowledge, complete and correct. I acknowledge that my membership to ACRRM is bound by the policies and procedures of the College. As a member I shall uphold the Objects of ACRRM and abide by the Regulations and the Code of Professional Ethics and Conduct which requires me to observe the highest standards of clinical, professional and ethical behaviour in all of my activities.

Signed: _____ Date: _____

Privacy:

I understand Australian College of Rural and Remote Medicine ("the College") collects, stores and discloses my personal information for the purposes of providing membership products and services, for training programs, for maintaining my membership records, for research or statistical purposes and to promote services which the College considers may be of interest to me. This information may be collected directly from me in my dealings with the College. To fulfil the purposes set out above, my personal information may also be collected from or passed onto external bodies which usually includes medical colleges, government organisations and associated training providers, or as otherwise permitted or required by law.

Further information about the collection of personal information is available here in the College's Privacy Policy. The privacy Policy contains information about how you may access and seek correction of your personal information and how you can complain about a breach of the Australian Privacy Principles. <https://www.acrrm.org.au/privacy>.

Signed: _____ Date: _____

TO PAY: Please turn over....



Student Details:

University where currently enrolled: _____

Qualification being studied: _____

I am in year: _____ Student Number: _____

I intend to graduate in the year: _____

Payment methods:

- 1 **Post:** Complete this form and mail it with your payment to:
ACRRM
GPO Box 2507
Brisbane Qld 4001
- 2 **Fax:** Complete and fax this form with credit card details to ACRRM on (07) 3105 8299
- 3 **Phone:** Freecall **1800 223 226**. Please have your Visa or MasterCard details ready.
- 4 **Direct deposit:** Write your full name in the reference field.

How to pay:

Direct deposit:

Account name: ACRRM
BSB: 034 003
Account number: 264 808
Reference: (Enter your full name)

Cheque or Money Order:

Please make payable to:
Australian College of Rural and Remote Medicine

Credit Card:

Please debit my **Visa** **MasterCard**

Amount: AUD \$.

Number: Expiry date:

Card holder's name: _____ Signature: _____



Need help? Please phone the College on Freecall 1800 223 226.