

New Membership Application Form

Ph: 07 3872 2234 • Fax: 07 3856 4727 • Email: pcpa@amaq.com.au • Web: www.pcpa.org.au • Mail: PO Box 123 Red Hill Queensland 4059 Australia

How to apply: Online at www.pcpa.org.au/user/register or by using this application form.

1. CONTACT DETAILS *(please print and complete all sections)*

Preferred Title: _____

Given Names: _____

Surname: _____

Gender: Male Female

Date of Birth: _____ / _____ / _____

Mobile: _____

Email: _____

Email for Member's Directory (or as above): _____

(this will allow other members to contact you by email via the online Member's Directory. Your email address will not be shown in the directory)

Preferred Mailing Address: _____

State: _____ Postcode: _____

Phone: _____

Fax: _____

Principal Place of Practice: _____

2. EMPLOYMENT TYPE / STATUS

Qualifications: _____

Profession(s): *Tick all that apply*

- Medical Oncologist
 Radiation Oncologist
 Clinical/Laboratory Haematologist
 Palliative Care Physician
 Advanced Trainee – Medical Oncology
 Advanced Trainee- Haematology
 Other: (please specify) _____

Special Interests: _____

My current work arrangements in private practice:

- Full time
 Part time *(please specify approx hours per work)*: _____ hrs/week
 Trainee Current year of training: _____

Member of other associations: _____

Available for locums: Yes No

Please include my contact details and employment type/status in the online Member's Directory: Yes No

3. UNDERTAKING

I, the above mentioned, do hereby:

- consent to become a Member of the Company, pursuant to section 120 of the Corporations Act 2001, effective from the date of incorporation of the Company;
- agree to be bound by the Constitution (<http://www.pcpa.org.au/about-us>) of the Company; and
- undertake to contribute an amount not exceeding \$10.00 to the property of the Company if the Company is wound up.

Signature of Applicant: _____

Date: _____

Name of Nominating PCPA Member: _____

4. MEMBERSHIP

Annual subscription fees are payable annually in advance and are due on the first day of July in each year. The subscription fee for each year in respect of each class of membership will be the sum the Board from time to time determines. Depending upon joining date, a pro-rated amount of the annual subscription fee equivalent to the number of quarters remaining for the current year may be offered. See below for further information.

Membership Fees

Membership Category	Fee (per year)*
Ordinary Membership Any person who is significantly committed to private practice for cancer or related disorders including, but not limited to, medical oncology or clinical haematology is eligible for consideration by the Board for admission to membership of the Company as an Ordinary Member. Ordinary members who by contribution of a one-time payment of \$5,000.00 may also be recognised as Foundation Members.	\$600.00
Ordinary Membership (Fellow/Junior Consultant) Doctors who have completed their advanced training in medical oncology or haematology and who are working as a Fellow or Junior Consultant are eligible for consideration by the Board for admission to membership of the Company. Membership at this level will be allowed for a maximum of three (3) years before becoming Ordinary Members for which there is a subscription fee applicable.	\$NIL
Associate Membership (Allied Health, Nursing, Pharmacy) Any other natural person whom the Board from time to time determines as having an association with or interest in patients with cancer or related disorders will be eligible for consideration by the Board for admission to membership as an Associate Member.	\$200.00

Private Cancer Physicians of Australia Limited new membership application form

Membership Category	Fee (per year)*
Associate Membership (Advanced Trainee) A post-graduate trainee in medical oncology or haematology will be eligible for consideration by the Board for admission to membership as an Associate Member.	\$NIL
Associate Membership (Retiree) Any person who has been an Ordinary Member of the Company but who retires from medical practice is eligible for consideration by the Board for continued membership of the Company as an Associate Member.	\$NIL
Corporate Membership Any corporation or other body corporate and any individual persons in their capacity as a partner in a partnership, or unincorporated association, or institution which is involved either commercially or by interest in health and the care of patients with cancer or related disorders, and which has, in the opinion of the Board, made a substantial contribution financially or otherwise to the Company, is eligible for consideration by the Board for admission to membership of the Company as a Corporate Member.	\$1000.00

* includes 10% GST

Pro-rata Amounts*

	Joining Date		
	JULY-DEC	JAN-MAR	APR-JUN
Ordinary Membership	\$600.00	\$300.00	\$150.00
Ordinary Membership (Fellow/Junior Consultant)	NA		
Associate Membership (Allied Health, Nursing, Pharmacy)	\$200.00	\$100.00	\$50.00
Associate Membership (Advanced Trainee)	NA		
Associate Membership (Retiree)	NA		
Corporate Membership	\$1000.00	\$500.00	\$250.00

* includes 10% GST

5. PAYMENT DETAILS (payment is accepted by cheque, credit card or direct deposit to PCPA bank account)

Membership Category:

(refer to the explanations listed previously)

- Ordinary Membership
 Ordinary Membership (Fellow/Junior Consultant)
 Associate Membership (Allied Health, Nursing, Pharmacy)
 Associate Membership (Advanced Trainee)
 Associate Membership (Retiree)
 Corporate Membership

Subscription amount:	\$
Along with my subscription amount I would also like to make a donation to PCPA to the amount of:	\$
Total amount:	\$

Methods of payment: (select one payment)

5a. Payment by credit card

- Visa Mastercard Amex

Credit card number:

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Expiry date:

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Total amount: \$ _____

I authorise and request PCPA to debit the above nominated credit card upon receipt of this authorisation. In the event my application for membership is not approved, PCPA will refund any subscription amount paid.

Cardholder's name: _____

Signature: _____

5b. Payment by direct credit

You can pay via direct deposit into PCPA bank account.

Bank: CBA Ashgrove

BSB: 064-102 AC: 1037 4010 REF: YOURSURNAME

Date of deposit: _____ Amount deposited: _____

5c. Payment via Cheque or money order

- I have enclosed a cheque/money order payable to Private Cancer Physicians of Australia Limited

6 .PRIVACY POLICY

PCPA values your privacy. For full privacy disclosure statement please refer to website (<http://www.pcpa.org.au/privacy-information-policy>)

7. WHAT HAPPENS NEXT

Upon receipt of your application, your payment of the subscription amount will be accepted subject to approval of your application for membership of PCPA. You will be notified in writing by mail/email. Any application not approved will be notified in due course and any subscription paid will be refunded to you.

PLEASE RETURN COMPLETED FORM TO:

PCPA Secretariat, PO BOX 123 Red Hill Q 4059 or fax all pages to 07 3586 4727 or email a scanned copy to pcpa@amaq.com.au