

Australian Podiatry Association (Qld) Inc.



Yearly - Membership Payment Form 2007-2008

Please use the Monthly Membership Payment form if you choose the monthly payment option

The Australian Podiatry Association (Qld) Inc holds membership of the Australasian Podiatry Council (National Podiatry Association) and a component of your membership is used for payment of our membership to this organisation. This helps to have a national voice with government and non-government organisations regarding issues affecting your profession

The fees listed are inclusive of GST.

Please circle membership type & payment option relevant to you:

Member Type	2007-2008 Fee
Accredited Podiatrist (AP)	\$599.00
Non-accredited Podiatrist	\$659.00
Additional option:	
Sports Group (new member)	\$55
Sports Group (existing member)	\$33
Your payment:	

You are welcome to send in your APP logsheet with your renewal forms to qualify for the Accredited Podiatrist rate (subject to meeting the requirements)

For more info or help filling out the APP logsheet :
infoqld@findapodiatrist.org or 1300 722 242

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Yearly Payment Options – Podiatry Association Membership 2007-2008

Payment Type: Cheque Direct Deposit Credit Card

Cheque: The Australian Podiatry Association (Qld) Inc
 Unit 4 / 10 Benson Street
 Toowong QLD 4066

Direct Deposit Details:

Account Name: Australian Podiatry Association Qld Inc
BSB: 064 129 Account number: 1030 2260

(Please ensure to enter your name in the reference field with your payment!)

Credit card:

Amount: \$ _____ Credit Card: Visa Mastercard Bankcard

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Blank Practice Details Form 2007-2008

Please use this form to add a practice to your profile on our database. Your practice info shows up when people search for a podiatrist in their area on www.findapodiatrist.org

Please complete and return to The Australian Podiatry Association (Queensland) Inc in the reply paid envelope supplied or fax to 07 3371 5844. Copy this form if more than one practice is to be listed.

The following information is considered public. This information will be made available to the public and members of this Association.

General Practice Information:

Membership Number: (see member details form) _____

Practice Name: _____

Practice Entry Type Owner / User (please circle**)

**** There can only be one owner for a practice but multiple users. The owner enters the primary information about the practice (address, phone numbers etc) Users choose practice name (all primary information will be automatically updated) and only add additional details specific to them.**

Details which can be updated by **owners** of the practice only:

Practice Contact Information:

Address Line 1: _____

Address Line 2: _____

Suburb: _____ City: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Website: _____ (Include full URL including http://)

Details which are **user** specific: (can be updated by users and/ or owners of practice)

Contact Details:

Mobile: _____

Email: _____

Other Details:

Qualifications: _____

Registered for medicare benefits:

Registered for veteran affairs benefits:

Payment options:

Cash cheque eftpos visa mastercard American express Diners Club Hicaps

IBA Health

Range of Services Provided:

Home Visits

Children

Nursing Homes

General Treatment

Nail Surgery:

Public Clinic

Diabetes:

Sports Injuries:

Australian Podiatry Association (Qld) Inc.



Member Details Update information

There are many ways to update your information

Personal & Practise information

At renewal time: Please check that your name and address details on the renewal letter and forms are correct and amend where necessary before returning your forms

On-line. (this option is only available for financial members)

Go to www.findapodiatrist.org. Select member login on the bottom of the list on the left hand side of the page. Enter your username and password. Check your details and amend where necessary. If you forgot your username and password e-mail infoqld@findapodiatrist.org for assistance

There are certain fields which can only be edited by the office (for obvious reasons) if you need a change in any of those please contact the office.

Notify the office. (this option is available to financial and non-financial members)

Please notify the office by

e-mail: infoqld@findapodiatrist.org

fax: 1300 734 662

mail: Unit 4/ 10 Benson Street Toowong or use reply paid envelop

Accredited Podiatrist Information

Please send in your logsheet when you know you have accumulated enough hours in the different categories and your accreditation is due for renewal. To download the accredited podiatrist program pack including forms please log-on to the website, go to "members only section", followed by "important info for QLD members".

Alternatively you can e-mail the office: infoqld@findapodiatrist.org and request the required forms