

Dear New Graduate,

To experience the benefits of professional membership, the Association offers free membership to New Graduates till 30 June 2007. This will give you all the benefits of membership including:

- Australasian Podiatry Council Manual on Podiatry including Clinical Practice Guidelines, Extended Care, Ethics and Legal Issues, Establishing a Practice, Fees and Rebates and the Policies of your Profession.
- Bi-Monthly State Newsletter "Imparja"
- Quarterly National Journal "Australasian Journal of Podiatric Medicine"
- Discounted Continuing Education (100% more expensive for non members)
- Discounted PR resources (100% more expensive for non members)
- Access to the latest information you need to know eg Health funds, Medicare, DVA etc
- Access to online education

**To enjoy above mentioned benefits you need to complete the enclosed membership form and return by mail or fax to 1300 734 662.**

Membership free for New Graduates to 30 June 2007.

Please feel free to contact us if you have any questions.

Regards

Ivonne Kuypers  
Secretary  
[infoqld@findapodiatrist.org](mailto:infoqld@findapodiatrist.org)

# Australian Podiatry Association (Qld) Inc Membership Application Form



The following information is considered personal and is confidentially maintained by the Australian Podiatry Association (Qld) Inc. The information is shared with the Australasian Podiatry Council to provide national services to you. This information is not shared with the public, other Associations or members of this Association.

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are you registered to practice? Yes or No If yes which State QLD or NSW

Registration No: \_\_\_\_\_ Work Type: Private or Public or Other: \_\_\_\_\_

Have you been a member or applied for membership to this association before? Yes or No

If yes, please give details: \_\_\_\_\_

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

Practice Name: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Please list the areas you cover by circling yes or no to the following:

**Home Visits:** Yes or No      **Children:** Yes or No      **Diabetes:** Yes or No

**Sports:** Yes or No      **General:** Yes or No      **Nail Surgery:** Yes or No

**Language other than English:** Yes or No      If yes: \_\_\_\_\_

**The Oath Act 1867  
Statutory Declaration**



I, (Full name) \_\_\_\_\_

OF, (Address) \_\_\_\_\_

In the State of \_\_\_\_\_ do hereby make application for membership of the Australian Podiatry Association (Qld) Inc. and I do hereby solemnly and sincerely declare that I have disclosed to the Council of the Australian Podiatry Association (Qld) Inc. all required information necessary for admission to membership, and that it is true and correct in every particular. I agree, if admitted to membership, to abide by the Memorandum and Articles of Association or other form of Constitution, and any Rules, Regulations, or by-laws there under as may be prescribed from time to time in a constitutional manner. I agree to return to the Australian Podiatry Association (Qld) on demand sent to my address any qualifications or other token of membership issued to me by the Australian Podiatry Association (Qld) Inc., as I understand that the same always remains the property of the said Association. Furthermore, I subscribe to the Code of Ethics in its entirety and will endeavour always to abide by its rulings. I agree to pay whatever moneys shall be due in the nature of registration fees, annual subscription or other contributions prescribed from time to time.

AND I MAKE THIS SOLEMN DECLARATION by virtue of provisions of The Oath Act 1867, knowing the same to be true in every particular, and according to the law in this behalf made and subject to the punishment provided for any willfully false statement in any such declaration.

Subscribed and Declared at (City) \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

Signature of Applicant: \_\_\_\_\_

Before me: \_\_\_\_\_ (A Justice of the Peace)

Proposed: \_\_\_\_\_

Seconded: \_\_\_\_\_

By Council: \_\_\_\_\_ (Date)

Certificate Number: \_\_\_\_\_

“Personal information supplied by you and third parties to the Australian Podiatry Association (Qld) Inc. in this membership renewal form (or application form) and otherwise will be received, retained, used and disclosed by the association (itself and/or in conjunction with third parties) and related companies for the primary purposes as outlined in the associations collection statement. The third parties that the association is likely to disclose your information may include Australasian Podiatry Council. You have a right to access your personal information and may request that no further information be sent to you.”