

## MEMBERSHIP FORM

You can either join or renew at **podiatry.org.au** or return this form to 89 Nicholson St, East Brunswick, VIC 3057. Membership is valid from 1st July 2019 to 4.00pm on 30th June 2020.

### 1. Personal Details

AHPRA Registration No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Male ☐ Female

Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home phone no: \_\_\_\_\_ Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Business/Employer Details (Primary Practice if more than one)

Business/Employer Name: \_\_\_\_\_ If business owner, please tick here ☐

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business Ph: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Website: \_\_\_\_\_

Please indicate with a tick your preferred mail address: ☐ Home ☐ Business

### 3. Education Details

Qualification: \_\_\_\_\_ Institution: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Postgraduate Qualifications: \_\_\_\_\_ Institution: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Other Relevant Qualifications (e.g. chiropractor): \_\_\_\_\_

### 4. Member Interest Areas

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Laser Therapy | <input type="checkbox"/> Podiatric Surgeon | <input type="checkbox"/> Registered for Medicare Benefits          | <input type="checkbox"/> Practice Management |
| <input type="checkbox"/> Home Visits          | <input type="checkbox"/> Biomechanics  | <input type="checkbox"/> Dry Needling      | <input type="checkbox"/> Registered for Veterans' Affairs Benefits | <input type="checkbox"/> Mobilisation        |
| <input type="checkbox"/> Aged Care Facilities | <input type="checkbox"/> Paediatric    | <input type="checkbox"/> Shockwave Therapy | <input type="checkbox"/> Registered as an NDIS Provider            | <input type="checkbox"/> High Risk           |
| <input type="checkbox"/> Sports Injuries      | <input type="checkbox"/> Nail Surgery  | <input type="checkbox"/> Orthotics         | <input type="checkbox"/> Endorsed Prescriber                       | <input type="checkbox"/> General Treatment   |
| <input type="checkbox"/> Aged Care            | <input type="checkbox"/> Dermatology   | <input type="checkbox"/> Rheumatology      | <input type="checkbox"/> Chronic Disease Management                | <input type="checkbox"/> Wound Management    |

If you would like to become a member of an interest group please tick the box below:

- ☐ Paediatric Interest Group ☐ Sports/Biomechanics Interest Group ☐ High Risk Foot Interest Group

### 5. Select Your Membership Category and Fee Option

NATIONAL FULL TIME MEMBERSHIPS	FEES
Full-time in the Private & Public Sector – Membership Only	<input type="checkbox"/> \$950
Full-time in the Private Sector – With Insurance	<input type="checkbox"/> \$1,335
Full-time in the Public Sector – With Insurance	<input type="checkbox"/> \$1,045
OTHER NATIONAL MEMBERSHIP TYPES	
Part-time Private & Public Sector – Membership Only (less than 18 hours)	<input type="checkbox"/> \$850
Part-time Private Sector – With Insurance (less than 18 hours)	<input type="checkbox"/> \$1,155
Part-time Public Sector – With Insurance (less than 18 hours)	<input type="checkbox"/> \$945
New Professional – Membership Only (first year from university, commencing 1 July)	<input type="checkbox"/> \$575
New Professional – With Insurance (first year from university, commencing 1 July)	<input type="checkbox"/> \$670
Affiliate (eg: F/T academic, F/T faculty, non-practising podiatrist, parental leave [entire membership period], retired, podiatry assistant) – Membership Only	<input type="checkbox"/> \$575
Student – with Insurance	<input type="checkbox"/> Free
Student (Includes AAPSM)	<input type="checkbox"/> Free

AAPSM membership per year (optional) ☐ \$140

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### 6. Insurance



The APodA has purchased a Master Policy where participating members receive their own \$20m professional liability policy with \$60m cover in the aggregate, with a common expiry date of 4.00pm on 30th June 2020. The insurance broker for this policy is Insurance House Pty Ltd ABN 33 006 500 072 AFSL 240954 and the policy is underwritten by Lloyd's of London. A full copy of the wording is available on the APodA websites. For members currently insured under the Master Policy and renew their cover your insurance will commence whichever is later between the day you opt in and pay for the insurance or the current expiry date of 30 June, 2019. As a claims made policy it is important that any unreported claim or circumstance (potential claim) is notified to Insurance House prior to the current expiry date of 4.00pm 30 June 2019. For members not currently insured under the Master Policy your insurance will commence the day you opt in and pay for the insurance. Please note professional liability insurance is a "claims made" policy and you must understand and comply with the details set out in the attached "Notice to the Proposed Insured". Members who hold specialist registration with AHPRA (podiatric surgeons) are not eligible for this insurance offer as their activities are excluded from cover. Podiatric surgeons need to contact Insurance House directly on (03 9325 5222) and apply individually so the insurers can consider offering cover.

☐ If I have chosen the insurance option, I acknowledge that I have read, understood and comply with the conditions in the Notice to the Proposed Insured.

### 7. AAPSM Membership (Australasian Academy of Podiatric Sports Medicine)



AAPSM is a membership organisation for podiatrists that have an interest in sports podiatry. AAPSM provide professional development and encourage clinical and research excellence. To find out more about AAPSM visit their website at **aapsm.org.au**. To be a member of AAPSM tick the AAPSM membership checkbox in section 5 and add \$140 to your total membership fee.

### 8. Privacy and Consent

**Privacy Statement:** The Australian Podiatry Association Limited (APodA Ltd) acknowledges and respects the privacy of its members. All information on this form is subject to the APodA Ltd privacy policy which is available in this mailing and on our website **podiatry.org.au**. This information is being collected by APodA Ltd and will be held by APodA Ltd. You have the right to access and alter personal information about yourself in accordance with the Privacy Act 1988. **Agreement to the following is necessary for membership:**

- ☐ **National Constitution:** I agree to join APodA Ltd and have read the National Constitution (**podiatry.org.au**).
- ☐ I confirm that I have read and accepted the APodA Codes of Conduct and Ethics.
- ☐ I acknowledge that I have read, understood and accept the APodA privacy policy. I declare that all information provided on this form will be true and I will not suppress or misstate facts.
- ☐ I wish for my details to be displayed on 'Find a Podiatrist'.

SIGNED:

DATE:

### 9. Payment Options

I wish to pay my membership by:

☐ Payment Option 1: Full amount paid when the form is returned.

☐ Payment Option 2: ☐ Monthly instalments **OR** ☐ Quarterly instalments

I wish to pay my membership with (credit cards incur a 1.5% surcharge):

☐ Visa ☐ Mastercard

Card Number:

Expiry Date:

CVV:

I wish to pay my membership with:

☐ Direct debit

Account Name:

BSB:

Account Number:

**Instalment Declaration:** By choosing the monthly instalment payment option, I agree to pay the full amount for APodA membership as selected above. I understand that instalments cannot be cancelled throughout the year and I authorise the APodA to deduct the balance of my membership fees on a monthly basis from the above credit card or by other means where appropriate. **Please note:** By electing to pay by instalments you are also opting to have your membership automatically rolled over into forthcoming years, authorising APodA to continue deducting membership fees until you notify APodA in writing to cease deductions or your membership is cancelled or withdrawn and outstanding fees are collected. Instalments can only be cancelled in June at the end of our membership year. You will be notified in writing of any change to your deductions or as per discussion with accounts receivable. The monthly deduction will be calculated based on the number of months in your membership, this will vary for individual memberships depending on when your membership commences. If there are insufficient funds available to make the deduction, APodA may pass associated bank fees on to you. Failure to pay your monthly payments may result in suspension of your insurance.

Signature:

Cardholder Name:

### 10. Membership Policy

Membership fees include GST and are tax deductible. Membership fees are non-refundable. Membership categories cannot be changed during the membership period. Membership cannot be suspended during the membership period. Refer to the Membership policy on our website for further information

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