



**Australasian Division of the International Academy of Pathology Limited**

ABN 73 008 593 815

**PO Box 74, Cherrybrook, NSW 2126**

**Tel: 02 9894 6811 [www.iap-aus.org.au](http://www.iap-aus.org.au)**

## **NEW MEMBER APPLICATION**

The International Academy of Pathology is the largest professional body of pathologists worldwide and has over 60 divisions throughout the world. Meetings are held in many countries throughout the year that are of interest to all members.

The Australasian division aims to foster education, research and advance knowledge in pathology and our Annual Scientific Meeting is a major focus. Membership funds are necessary to run the division and to both ensure a successful annual meeting and support other activities of the division.

Membership of the Australasian division entitles you to:

1. A discounted registration rate for our Annual Scientific Meetings.
2. A discounted rate to other IAP Division Meetings including USCAP (United States and Canadian Academy of Pathology).
3. Access to educational materials in the members' only section of the new IAP website.
4. Discounted subscriptions to the journals Modern Pathology and Laboratory Investigation.
5. Receive newsletters which will provide you with an overview of our current activities and keep you up to date of upcoming educational activities.

We also encourage you to invite your colleagues to become members of the IAP. If you have any questions regarding our membership, please email our Secretariat Staff at [info@iap-aus.org.au](mailto:info@iap-aus.org.au). Becoming an IAP member will give you the sense of pride we share in belonging to this long established educational organisation.

If you wish to become a member of the Australasian Division of the IAP, please complete the New Member Application Form and return with the payment to

**The Secretariat,  
The Australasian Division of the International Academy of Pathology,  
PO Box 74, Cherrybrook, NSW 2126.**  
or email it to [info@iap-aus.org.au](mailto:info@iap-aus.org.au)

Once a member, annual renewal of your membership is necessary to maintain your membership status. Our Annual Subscription period is July-June each year. You will receive an invoice reminding you of your subscription payment.



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## **NEW MEMBER APPLICATION – TAX INVOICE**

TITLE: ..... SURNAME: .....

GIVEN NAMES: ..... Gender: ..... DOB: .....

ADDRESS 1: .....

ADDRESS 2: .....;

STATE: ..... POSTCODE: ..... COUNTRY: .....

TEL: Work ( ) ..... Home: ( ) .....

Mobile: ..... E-mail: .....

**QUALIFICATIONS:** *(Please list your Medical/Pathology experience below)*

<b>Qualification Name</b>	<b>Year completed</b>	<b>To be completed in year</b>	<b>Name of Institution</b>

Currently working *(organisation)*

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.....

**PATHOLOGY EXPERIENCE:** Years in training ..... Years in practice .....

**MEMBERSHIP CRITERIA AND APPLICATION FEES**

**1. Regular Membership**

*Be a qualified Anatomical Pathologist (with FRCPA or equivalent qualifications) and have had at least 5 years' experience in Pathology.*

**Regular Membership for Australian residents (includes GST)..... \$206.00**

**Regular Membership for overseas residents (does not include GST) .....\$187.00**

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**1b. Registrar Membership**

*Be in a training programme in pathology (as an RCPA registered registrar/trainee)*

**Registrar Membership for Australian residents (includes GST)..... \$206.00**

**Registrar Membership for overseas residents (does not include GST) .....\$187.00**

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**2. Associate Membership**

*You can register as an Associate Member with our division if you fit into one of the following criteria please tick whichever apply.*

- Medical Student or Medical Science Student*
- Pathologist in training in training centres not recognised by the*
- RCPA Medical resident*
- Member from other relevant medical specialities*
- Pathologist outside Australasia.*

**Associate Membership for Australian residents (incudes GST)..... \$206.00**

**Associate Membership fee for overseas residents (does not include GST).....\$187.00**

*(Associate members are entitled to notice of General Meetings but not entitled to vote nor be eligible to hold office as a member of the Board)*

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**Please tick the relevant category that you are applying for?**

- 1A – Australian Regular Member.....
- 1A – Overseas Regular Member.....
- 1B – Australian Registrar.....
- 1B – Overseas Registrar.....
- 2A – Australian Associate Member.....
- 2B – Overseas Associate Member.....

*Please complete the next page and payment information...*

**ADDITIONAL INFORMATION FOR OUR FUTURE ANNUAL SCIENTIFIC MEETINGS**

*Please indicate the subspecialty(s) in which you are working by ticking the relevant boxes below.  
Please indicate the subspecialty(s) in which you are working by ticking the relevant boxes below.*

- |   |   |
|---|---|
| <input type="checkbox"/> Bone and Soft Tissue Pathology   | <input type="checkbox"/> Liver & Pancreas Pathology       |
| <input type="checkbox"/> Breast Pathology                 | <input type="checkbox"/> Lung Pathology                   |
| <input type="checkbox"/> Dermatopathology                 | <input type="checkbox"/> Neuropathology                   |
| <input type="checkbox"/> Digital & Quantitative Pathology | <input type="checkbox"/> Ophthalmic Pathology             |
| <input type="checkbox"/> Endocrine Pathology              | <input type="checkbox"/> Paediatric & Perinatal Pathology |
| <input type="checkbox"/> Gastrointestinal Pathology       | <input type="checkbox"/> Renal Pathology                  |
| <input type="checkbox"/> Gynaecological Pathology         | <input type="checkbox"/> Uropathology                     |
| <input type="checkbox"/> Gynaecological Pathology         | <input type="checkbox"/> Education in Pathology           |
| <input type="checkbox"/> Head & Neck Pathology            |   |
| <input type="checkbox"/> Others – please specify          |   |

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*Do you wish to be considered to present at our future Annual Scientific Meeting Companion Sessions on the subspecialty(s) you have chosen?*

- Yes  
 No

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**Payment Section**

**Payment acceptable by Master card  or Visa card**

Name on the Card: _____
Card No: _____ / _____ / _____ / _____
Expiry date: _____ / _____      Amount: _____
Cardholder Signature: _____
<b>Applicant's signature .....</b> <b>Dated .....</b>

*Please email this form back to [info@iap-aus.org.au](mailto:info@iap-aus.org.au)*