



Australasian Division of the International Academy of Pathology Limited

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NEW MEMBER APPLICATION - TAX INVOICE

TITLE: SURNAME:

GIVEN NAMES: Gender: DOB:

ADDRESS:

.....POSTCODE

TEL: Work () Home ()

Fax: () E-mail:

QUALIFICATIONS : (Include dates)

.....

.....

Institutions:

.....

PATHOLOGY EXPERIENCE: Years in training Years in practice

APPLICATION FEE:

Joining fee	\$10.00	
plus membership fee	\$130.00	
plus GST for Australian residents	\$14.00 Total.....

\$154.00 only

Registrars fee **\$143.00 only**

Overseas residents fee (do not include GST) **\$140.00 only**

Payment acceptable either cheque, bank draft, money order, credit card

Name on the Card: _____

Mastercard: () Visa ()

Card No: _____/_____/_____/_____

Expiry date: _____

Amount: _____

Cardholder Signature: _____

Applicant's signature **Dated**