



THE AUSTRALIAN PODIATRY ASSOCIATION (WESTERN AUSTRALIA)

Incorporated in 1966 – Limited by Guarantee

ABN 89 008 700 721

MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORIES

Please Tick	Membership Category
<input type="checkbox"/>	Full Member
<input type="checkbox"/>	First Year Graduate
<input type="checkbox"/>	Non-practicing (APODC)

Full Member

A practising podiatrist engaged in activities of podiatry in private practice or the public sector for which payment is received.

First Year Graduate

New graduate podiatrist in the first full year of practice.

Non Practising

Not employed or working as a Podiatrist or in a Podiatry advisory or consultancy role for the **entire** membership period (except those in an academic or faculty role). This includes maternity leave, podiatrist studying full time, non-podiatry related employment, or travelling. Receives full entitlements

PLEASE RETURN YOUR COMPLETED FORM TO THE APODA (WA) OFFICE:

Australian Podiatry Association (WA)
Suite 29A
88 Broadway, CRAWLEY WA 6009
Telephone: (08) 6389 0225
Facsimile: (08) 6389 1671

Email: info@podiatrywa.com.au

Web: www.podiatrywa.com.au

PERSONAL DETAILS

Name & Title:

Street:

Suburb:

State:

Postcode:

Telephone Number (AH):

Fax Number:

Mobile Number:

Email

Date of Birth:/...../.....

Registration Number:

Qualification

Training Institution

Year

Postal Address – for all correspondence

AS ABOVE / BUSINESS (please circle)

BUSINESS/EMPLOYER ADDRESS 1 (Add extra page where more than 3 business addresses apply)

Business Name:

Street:

Suburb:

State:

Postcode:

Telephone Number:

Fax Number:

Mobile Number:

Days/Times of Work

BUSINESS/EMPLOYER ADDRESS 2: If you have more than one practice address, please complete below.

Business Name:

Street:

Suburb:

State:

Postcode:

Telephone Number:

Fax Number:

Mobile Number:

Days/Times of Work

LANGUAGES

Please list any languages other than English in which you can provide services.

FINDAPODIATRIST INFORMATION

APodA(WA) is contacted by members of the public by telephone or by the website www.findapodiatrist.org seeking podiatrists in particular localities or those who have specific interests or specialities. To be effectively we need to be able to give the information required that relates to specific areas. This information will assist the Association to better promote you and your business. Please tick as many boxes as required.

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Home Visits | <input type="checkbox"/> General Treatment | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Children |
| <input type="checkbox"/> Nail surgery | <input type="checkbox"/> Sports injury | <input type="checkbox"/> Nursing Home Visits | <input type="checkbox"/> Public clinics |
| <input type="checkbox"/> Medicare/EPC | <input type="checkbox"/> DVA | | |

Member:

- AAPSM – Australasian Academy of Podiatric Sports Medicine
 ACPS – Australasian College of Podiatric Surgeons
 Special Interest Group: _____
 Other: _____

PROFESSIONAL INDEMNITY INSURANCE

The recommended Professional Indemnity Insurer for APodA (WA) members is **Guild Insurance**. Guild offers a discounted insurance rate and other services to all Members of this Association and does so upon receipt of your Association membership number.

PLEASE CHECK THAT ALL DETAILS HAVE BEEN COMPLETED AS AN INCOMPLETE FORM WILL BE RETURNED TO YOU

I declare that all membership details provided by me are correct and complete.

I confirm that I have current registration to practice as a podiatrist with the Podiatry Board of Australia.

I will strictly observe and abide by the terms and conditions of the Memorandum and Articles of the Association, together with the By-laws and Code of Ethics in force for the time being, or any amendment which may become necessary at any future time, and will demean myself honourably in the practice of my profession and to the utmost of my power maintain the dignity and welfare of the Association at all times.

Name _____ Signature _____ Date _____

Witness _____ Signature _____ Occupation _____