



## Application for Membership 2010/2011 Tax Invoice

### APPLICANT DETAILS

I, (please print name in full)

Residing at (home address) Street:

Suburb:

State:

Postcode:

Telephone Number(s)

Fax Number:

Mobile Number:

Email

**Hereby apply to become a full member of the Australian Podiatry Association SA.**

### MEMBERSHIP CLASSIFICATIONS AND ANNUAL FEE

(please refer to our Membership Policy for further information [www.podiatrysa.net.au](http://www.podiatrysa.net.au))

Please Tick	Membership Category	Fee (inc. GST)	OR Credit Card Total Fee (inc. surcharge & GST)
<input type="checkbox"/>	Full Member *	\$818.67	\$837.09
<input type="checkbox"/>	Third Party *	\$818.67	\$837.09
<input type="checkbox"/>	New Graduate *	\$618.67	\$632.59
<input type="checkbox"/>	Non Practising SA Only	\$200.00	\$204.50
<input type="checkbox"/>	Non Practising inc. APoDC *	\$504.17	\$515.51
<input type="checkbox"/>	Student Member	\$ 50.00	\$ 51.13
<input type="checkbox"/>	Cross Border	\$100.00	\$102.25
<input type="checkbox"/>	Life Member	\$0	\$ 0

(\*) Includes APoDC capitation charge

Credit Card Payments incur a 2.25% surcharge

<b>Full Ordinary Member</b>	A practising, registered podiatrist. <i>Entitlements:</i> Full membership benefits
<b>Third Party</b>	Third Party (Employer) nominates an employed, registered podiatry staff member. Membership remains with the third party employer if the nominated member resigns. Third party is equivalent to 1 x full ordinary membership. <i>Entitlements:</i> Full membership benefits, however the third party is not entitled to vote.
<b>New Graduate</b>	New graduate is the first full financial year of membership since graduation. The first 6 months of the new calendar year when the graduate commences practicing is provided FREE. <i>Entitlements:</i> Full membership benefits
<b>Non Practising</b> Retired Full time faculty Podiatry Assistant	Not employed or working as a Podiatrist or in a Podiatry advisory or consultancy role for the <b>entire</b> membership period (except those in an academic or faculty role). This includes maternity leave, non-podiatry related employment, or travelling ( <i>confirmed via a statutory declaration</i> ) and the podiatry assistant. Non Practising category has a choice in entitlements (please indicate) <i>Entitlements:</i> SA ONLY – Local benefits only – restricted APoDC benefits ( <i>refer last page for restricted benefits list</i> ) <i>Entitlements:</i> APODC – Full Membership benefits ( <i>refer last page for list of benefits</i> )
<b>Student Member</b> Undergraduate Full time postgraduate	Must be engaged in full time study during the full year of membership (with the exception of final year students). Postgraduate students are required to submit a confirmation letter from their enrolled university confirming a full calendar of study for the year. <i>Entitlements:</i> Local benefits only – restricted APoDC benefits ( <i>refer last page for restricted benefits list</i> )
<b>Cross Border</b>	Registered podiatrists that are full ordinary members of an Association in another state of Australia. <i>Entitlements:</i> Local benefits only – restricted APoDC benefits ( <i>refer last page for restricted benefits list</i> )
<b>Life Member</b>	A maximum of 5 life members are permitted at one time. Life members are nominated by Council. <i>Entitlements:</i> Full membership benefits

### ALL FEES ARE NON REFUNDABLE

Member:

 AAPSM – Australasian Academy of Podiatric Sports Medicine

Podiatry Registration Board No: \_\_\_\_\_

 ACPS – Australasian College of Podiatric Surgeons

Office use only

Council date \_\_\_\_\_

Date Paid: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_



**PROFESSIONAL INDEMNITY INSURANCE**

The recommended Professional Indemnity Insurer for APodA SA members is Guild Insurance. If you are currently insured with Guild your renewal documentation will be sent to you by Guild or contact Guild on 1800 810 213. To be eligible for APodA SA reduced insurance premiums you need to submit a copy of your current membership certificate to Guild Insurance. For information on Guild services, visit <http://www.guildgroup.com.au>

**APodC BENEFITS**

**Benefits Include**

New members receive the APodC Podiatry Manual  
Authorisation to use the Podiatry Logo  
National publications (the Podiatry Bulletin)  
Reduced Guild Insurance premiums  
Members rate for continuing education, conferences  
Members access to the APodC website members area

**Benefits Exclude (Restricted Benefits)**

Unauthorised to use the Podiatry Logo  
Will not receive national publications (the Podiatry Bulletin)  
Will not receive Foot Health Week resources

**DECLARATION**

All current South Australian Registered Podiatrists will automatically transfer into the national registration scheme with the Podiatry Board of Australia as from 1<sup>st</sup> July 2010.

I declare that all membership details provided by me are correct and complete. I enclose the subscription fee with this application. I agree, to abide by the Constitution of the Australian Podiatry Association SA.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of the Association's Membership Policy, Privacy Policy and Constitution can be downloaded from [www.podiatrysa.net.au](http://www.podiatrysa.net.au)

**STATUTORY DECLARATION (Non-Practising Members Only - both categories)**

The information provided in this membership renewal must be verified by Declaration under the *Oaths Act (SA) 1936*. The list of persons who may witness a Statutory Declaration include a **Justice of the Peace, bank manager, building society manager, credit union manager, postmaster, policeman, commissioner for taking affidavits, notary public.**

The renewal application will not be processed unless it is **properly witnessed** and includes the full name, address, and qualification of the witness. **Please note that Podiatrists cannot witness Statutory Declarations in South Australia.**

I declare, knowing that a person making a false declaration is liable to the penalties of perjury, that:

- (i) I am the person named in this application;
- (ii) I have ceased working as a podiatrist for the period 1 July 2010 to 30 June 2011;
- (iii) I will advise the Association immediately if my status as a non-practising podiatrist changes during the course of the financial year; and
- (iv) the statements made above are true and correct.

Declared at ..... this..... day of .....

Full name of applicant: ..... Full name of witness: .....

Address: ..... Address:.....

Qualification: .....

Signature of applicant:..... Signature of witness:.....

**NOMINATION** (not required for past members)

We, the undersigned, hereby certify that .....

is a fit and proper person to be elected as a member of the Australian Podiatry Association SA.

Proposer ..... (Signature) ..... (Name in block letters)

Proposer ..... (Signature) ..... (Name in block letters)

**NOTES** This form must be signed by two full members of the Association and at least one of these must have a personal knowledge of the candidate. The Association should be advised immediately of any change of address.

**PLEASE RETURN YOUR COMPLETED FORM WITH PAYMENT TO THE APODA SA OFFICE & RETAIN A COPY FOR YOUR RECORDS**