

The Australian College of Psychologists



Membership Renewal

Tax Invoice (ABN: 56 841 181 577 - ARB: 072 887 640)

Name	
Home address	Home phone _____ Mobile phone _____ Work phone _____
Postal address (if different to above)	Email address _____
Registration number	Conditions of Registration
Average clinical contact hours per week	Hours of CPE in past 12 months
Date of last Peer Review	Attendance at College meetings in past 12 months

Payment details : Fees for 2011-2012 are as follows:

Members & Fellows : \$220.

Part- Time members (less than 10hrs clinical practice per week): \$80.00

Full-time Students; \$50.00.

There is an early-bird reduction fee of \$20 if you pay before the end of July 2011.

You can pay by either of the following two methods.

Direct bank transfer to: Australian College of Psychologists

BSB number: 484-799

Account number: 045997119

(Please use your surname as an identifier in the transaction)

Or send a cheque made out to the ACP to: Brisbane Branch Treasurer, Jane McDowall
C/- D'Accord Qld
GPO Box 1092, Brisbane 4001

This form can be sent by post (to above), Fax ((07) 3102 9929 or by email to:

janemcdowall57@gmail.com

I _____ wish to renew my membership of the Australian College of Psychologists. (formerly the Australian College of Clinical Psychologists). I declare the above information to be true and correct. Upon acceptance of this renewal, I agree to abide by the rules and requirements of the College.

Signature _____ Date _____