



*Australian
College
of Advanced
Postgraduate
Psychologists*

MEMBERSHIP RENEWAL FORM

**COMPLETED FORM & PAYMENT
DUE BY 31 July each year.**

CONTACT DETAILS – please confirm/update			
Title:	Given Name:	Family Name:	
Postal address:			Postcode:
Best phone contact:		Email address:	
Your specialty area:			

I hereby apply for membership renewal of the Australian College of Advanced Postgraduate Psychologists Inc and agree to abide by its rules as set out in the Constitution.

Signature:

Date:

PAYMENT METHOD (provide details of payment as per the options below)		
Enclosed is my cheque/money order payable to ACAPP Inc for: <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 (Associate)		
Direct funds transfer: ANZ Account, BSB 016008, Account No.250159807 Account Name: Australian College of Advanced Postgraduate Psychologists Inc. Please provide your 'surname' and details as follows:		
Date of transfer:	Amount transferred:	Narration (surname):

FORWARD COMPLETED FORM AND PAYMENT BY 30 August to:

Treasurer, ACAPP
PO Box 447
SOUTH FREMANTLE
WA 6162

**OR if paying by direct funds
transfer you can email your
form to:**

Dr Jillian Horton
jhorton@iprimus.com.au