



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

AFFILIATE APPLICATION FORM

Surname..... First Name(s).....

Principal Practice Address.....

Suburb.....State.....Post Code.....

Postal Address.....

Suburb.....State.....Post Code.....

Other Locations (Practice or Postal)

Other Address.....

Suburb.....State.....Post Code.....

Contact Telephone Numbers: Work ().....

Fax ().....

Home ().....

Mobile.....

Email Address.....

University of Graduation.....Year.....

Qualifications/Post-graduate Degrees/Diplomas.....

.....

Society Memberships: Australian Medical Association
_____ or _____
Yes No

American Academy of Cosmetic Surgery
_____ or _____
Yes No

Others Memberships:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

Current Hospital Accreditations for Operating Privileges (Required for Surgeons only):

1.
2.
3.
4.
5.

Current Professional Indemnity Insurance Organisation (Please enclose copy):

- Membership Category:.....
- Number:.....

Please enclose with this application, photocopies of:

- Curriculum Vitae
- Current Medical Registration
- Current Certificate of Professional Indemnity Insurance
- Current Practising Certificate
- Cheque for \$690.00 payable to 'The Australasian college of Cosmetic Surgery' or credit card details.

Member information confidentiality is important to the ACCS.
Referring to the security level table below, please allocate a security level for details given in this application form.

Level 1 = available to any inquirer

Level 2 = available only to other doctors

Level 3 = available only to other College members

Level 4 = available only to College Council

Level 5 = available only to Council Executive

Name	Level _____
Practice address(es)	Level _____
Practice phone number	Level _____
Practice fax number	Level _____
Website address	Level _____
Email address	Level _____
Home phone number	Level _____
Home/Postal address	Level _____
Mobile number	Level _____
Other Affiliations: eg AMA, CPSA etc	Level _____
Indemnity	Level _____
Insurer's Name	Level _____

Affiliate Members receive subscription to the Journal of Cosmetic Surgery & Medicine as well as discounts to any workshops and Annual Conferences if offered.

An Affiliate Member has no voting rights and can not sit on Council.

APPLICANT'S DECLARATION

I hereby apply for membership as an Affiliate Member of The Australasian College of Cosmetic Surgery Ltd, and in the event of my application being approved by the College and the Board of Censors of the College, I hereby agree:

- (a) to abide by the Constitution of the College and its By-Laws
- (b) to pay to the College such sums as may be due by me, by way of Application fees and Annual fees as may be determined from time to time by the Council of the College.

Surname

First name(s)

Dated this day of 200

.....
Applicant signature

For Office Use only:

Received By: _____ Date: _____

Reviewed By: _____ Date: _____

Determination: _____ Date: _____

Letter Sent out: _____ Date: _____