

membership application

Section 1

Membership Categories

AAPM's membership categories allow all types of healthcare practice managers to benefit through membership of the Association. All categories of membership must comply with the AAPM Code of Ethics, and are encouraged to pursue ongoing education through the Professional Development Program. Fellows and Associate Fellows must meet minimum education points on a continuing basis.

Member – MAAPM

A member must be a current practice manager. Application is based on supporting documentation confirming their position as a practice manager. Lapsed members have to re-qualify after 12 months. Member membership remains with the individual, not the practice. Education requirements are: Ongoing commitment to AAPM's Professional Development Program.

APPLICATION CHECKLIST – MEMBER

- Supply supporting documentation confirming current position as a practice manager e.g. (1 of the following)
 - Letter from employer on letterhead
 - Practice newsletter (if named on brochure)
 - Position description on practice stationary
 - Written nomination from 2 current AAPM Members/Fellows (Section 3)

Associate Individual

Associate can be an individual who has an interest in healthcare practice management. Associate membership remains with the individual who has applied.

Education requirements are: Industry specific / relevant qualifications, and ongoing commitment to AAPM's Professional Development Program.

APPLICATION CHECKLIST – ASSOCIATE: No supporting documentation required, just completion of the Application Form.

Affiliate

Affiliate membership covers medical, dental, physiotherapy and allied healthcare practices, community health centres and hospitals. Affiliate membership encourages multiple bona fide persons within a single practice to participate in the services of the AAPM. Subscriptions are based on the number of persons (i.e. practitioners and staff, whether full-time or part-time). Affiliate membership remains within the practice irrespective of staff changes.

Education requirements are: Ongoing commitment to AAPM's Professional Development Program.

APPLICATION CHECKLIST – AFFILIATE: Supply practice newsletter or brief description of practice on letterhead.

	Member	Associate	Affiliate
RIGHTS			
Vote	✓		
Access to Services	✓	✓	✓
Cards	✓	✓	✓
Publications	✓	✓	✓
Discounts	✓	✓	✓
Board and Executive Eligibility	✓		
State Committee Eligibility	✓		
RESPONSIBILITIES			
PDP Commitment	✓	✓	✓
Ethical Compliance	✓	✓	✓
Financial Compliance	✓	✓	✓

Privacy Disclosure Statement

Personal information supplied by you and third parties to the Australian Association of Practice Managers Ltd (AAPM) on this membership form and otherwise will be received, retained, used and disclosed by AAPM (itself and/or in conjunction with third parties) and related companies for the primary purpose of maintaining your membership of the Association as well as for the secondary purpose of marketing. The third parties that AAPM is likely to disclose your information to include sponsors of the Association. You have the right to access your personal information and may request that no further marketing material be sent to you.



Australian Association of Practice Managers Ltd
excellence in healthcare management

The Australian Association of Practice Managers Ltd
ABN 91 010 067 615

Level 1, 60 Lothian Street,
North Melbourne VICTORIA 3051

Phone: 1800 196 000 Fax: 03 9329 2524

Email: headoffice@dapm.org.au Website: www.dapm.org.au

SECTION 2

Select the Member Category

- Member
 Associate Individual
 Affiliate 1-10 People 11-20 People 21+ People

SECTION 3

Complete if applying for Member or Associate Individual

PERSONAL DETAILS

Mr / Ms / Mrs / Miss / Dr
 Full Name
 Home Address:
 Suburb:
 State: Postcode:
 Phone/Mobile: Fax:
 E-mail:
 Date of Birth Male / Female

PRACTICE DETAILS

Employer:
 Practice Name:
 Position Held: How Long?
 Hrs work/wk in current position:
 Practice Address:
 Suburb:
 State: Postcode:
 Phone: Fax:
 E-mail:

SELECT PREFERRED MAILING ADDRESS

- Personal Practice

OTHER ACTIVITIES

- Consultant Trainer / Presenter Surveyor Other
 No. of hours worked per week (in this activity):

QUALIFICATIONS/PRACTICE MANAGEMENT COURSES

Please list the names of courses and dates completed. Please list other professional development activities in the past two years.

.....

Nomination – Complete if nominated as per Section 1 (Member Category Checklist)

I, hereby nominate
 for membership of AAPM.

Proposed by: Member Number:

Seconded by: Member Number:

SECTION 4

Complete if applying for Affiliate

Name of Applicant/Company:

 Contact Name:
 Address:
 Suburb:
 State: Post Code:
 Phone: Fax:
 E-Mail:

SECTION 5

All applicants to complete

TYPE OF PRACTICE AND SPECIALTY

- GP Specialist Dental Allied Health
 Specify type (e.g. Physiotherapy, Orthodontic)

.....

PRACTICE DETAILS

Number of practitioners:
 Number of practice nurses:
 Number of support staff (including practice managers):

HOW DID YOU FIRST HEAR ABOUT AAPM?

.....

WHY DID YOU DECIDE TO JOIN THE ASSOCIATION?

.....

WAS IT THE 'MEMBER FOR MEMBER CAMPAIGN'?

.....

MEMBER NAME: MEMBER NUMBER:

MEMBER NETWORKING BY EMAIL

- Consent for listing in AAPM's Member Network
 Yes No

SECTION 6

Checklist

Please ensure that you enclose relevant documentation listed in **Section 1** of this brochure, as per your Member Category. Your application will not be processed until all information has been received.

SECTION 7

Payment

The Australian Association of Practice Managers Ltd
 Tax Invoice ABN 91 010 067 615

Please see enclosed Membership Rate for fees:

Subscription Fee: \$
 Joining Fee: \$
 Total (incl GST): \$

I WISH TO PAY BY:

- Cheque – payable to the Australian Association of Practice Managers Ltd
 Drawer:

- Mastercard Visa

Cardholder's Name:

Card Number:

Expiry Date: /

Signature of Cardholder:

Please return the completed form to

**AAPM Head Office,
 Level 1, 60 Lothian Street
 North Melbourne,
 VICTORIA 3051
 Or Fax (03) 9329 2524**

For further information, please contact the Head Office on 1800 196 000. Email: headoffice@aapm.org.au

OFFICE USE ONLY

Committee Member Name:
 Application received:/...../..... Event Joined:
 Approved: Yes / No/...../..... Initials:
 Notified:/...../..... Membership Number: