



APAN MEDICAL & CLINICAL MEMBERSHIP APPLICATION FORM Please Fax this Sheet to 07 55 930 367 or Post to APAN PO Box 5448, Q Super Centre Qld 4218

CORPORATE PLATINUM (Medical) – For healthcare practitioners and doctors.

Medical aesthetics requires a very different mindset to a medical practice. APAN offers you expert advice specific to this sector in:

- Business Coaching (1 hr included session valued at \$300)
Wage Awards and Industrial Regulations (with updates as they occur)
Free Business and Legal Advice (conditions apply)
HR Templates and other resource documents
Policy & Procedures Guidelines
Access to Strategic Alliance Partners with discounted services for Insurance, Financing, Merchant Banking and numerous other business support services
Certificate and Code of Ethics
Educational Journal and regular Professional Development Conferences

GOLD (Degree Qualification) – For Nurses, Dermal Therapists and others.

This category aims at supporting and providing not only the general benefits of APAN membership, but also the specific needs of this classification. APAN offers you expert advice specific to this sector in:

- Business Coaching
Wage Awards and Industrial Regulations (with updates as they occur)
Free Legal Advice (conditions apply)
HR Templates, Policy & Procedures Guidelines & other resource documents
Access to Strategic Alliance Partners with discounted services for Insurance, Financing, Merchant Banking and numerous other business support services
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I wish to be considered for membership of the Aesthetics Practitioners Advisory Network ("APAN") and agree to abide by APAN's Code of Ethics:

Name: Business Name:

Postal Address:

Home Address:

Work Address:

Home Phone: Personal Mobile: Work Phone:

Work Mobile: Fax: Personal Email:

Work Email: Website: Preferred contact Email is: work / personal

I own my own business I am an employee Position:

What activities do you do:

Tick your APAN Membership level: APAN CORPORATE PLATINUM (Medical) \$692 APAN GOLD (Degree Qualification) MEMBERSHIP \$465

THIS INCLUDES MEMBERSHIP KIT AND ADMINISTRATION FEE OF \$66

I only wish to subscribe to APAN's Quarterly Journal APJ and understand this does not qualify as APAN Membership 4 Issues: \$132

Total \$ PLEASE MAKE CHEQUES PAYABLE TO THE Aesthetic Practitioners Advisory Network and send to APAN PO Box 5448, Q Super Centre Q 4218

Please complete this authority to debit your Credit Card

Request for debiting amounts to Credit Cards

I/We request Aesthetics Practitioners Advisory Network Pty Ltd to debit payments according to this Contract/Agreement on my specified credit card account described below.

Card Type: Mastercard Visa

Cardholder Number Expiry Date:

This Authority shall stand, in respect of the above specified Card, and in respect of any Card issued to me in renewal or replacement thereof, until I notify Aesthetics Practitioners Advisory Network Pty Ltd in writing of its cancellation.

CVC:

Cardholder's Name: I do not wish my membership/subscription to be automatically renewed every 12 months

Cardholder's signature: Date: / /