



The Royal
Australian &
New Zealand
College of
Psychiatrists

APPLICATION FOR REDUCED RATE OF SUBSCRIPTION

APPLICANT DETAILS

Applicants' Name: **Member No. (If Known):**

Address:
..... **Postcode**.....

Telephone (Bus.): **(After Hours)**..... **(Fax):**.....

E-Mail Address:

REDUCED RATE REQUEST DETAILS

Year of Reduced Subscription (Calendar Year Only): **2019**

Brief Details of Reasons for Request

(please provide details of the number of sessions/days you will undertake in the year):

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I declare that the above information is true and correct.

Members are reminded of the General Council's resolution GC2006/3 – R11 (d):

The College may request documents to assess the eligibility of a member to receive a reduced subscription under Article 65. (now Article 5.2.2 [b]).

Please note that providing false or incorrect information may be deemed conduct in the opinion of the Board as unbecoming of a Member or is prejudicial to the interests of the College, sufficient to terminate the Member's membership pursuant to Article 6.2.1 (c) of the Constitution.

SIGNATURE:

DATE:.....

Please forward completed application form to the RANZCP by:

Post:
c/- Membership Services, RANZCP
309 La Trobe Street
MELBOURNE VIC 3000

Fax:
Membership Services, RANZCP
+ 61 3 9642 5652

Email : membership@ranzcp.org

Phone: + 61 3 9640 0646