

## Regulation

**Subject:** **Affiliate Membership**  
**Approval Date:** March 2003, Revised March 2004, Revised March 2007, December 2007, March 2009, November 2013, January 2018  
**Review Date:** January 2022  
**Review By:** Board of Directors  
**Number:** 2/2002

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Specialist pathologists who are not eligible to become Fellows of the College (henceforth referred to as Company) may apply for Affiliate Membership under the provisions of Rule 18 of the Constitution.

The Board of Directors may admit the following persons as Affiliates of the Company:

Medical practitioners legally qualified to practise medicine in a State or Territory of Australia, New Zealand or any other country who, at the discretion of the Board of Directors, are recognised as having speciality training in pathology; or

The Board of Directors may prescribe regulations governing procedures for the admission of Affiliates of the Company, the rights and privileges of Affiliates of the Company and the admission fee and annual subscription they are required to pay (if any).

For the avoidance of doubt, Affiliates are not Fellows of the Company and will not be entitled to vote at any general meeting of the Company. Notwithstanding the previous sentence, an Affiliate or an Associate will have the rights and privileges set out below and the right to receive notices of and attend and be heard at any general meeting.

### **Rights and privileges of Affiliates**

Subject to any determinations by the Board of Directors (acting reasonably), all Affiliates of the Company will be entitled to:

- use the facilities of the Company (including the website of the Company);
- become a member of any committee of the Company (other than the Board);
- be admitted to all lectures, seminars, symposia, scientific meetings and demonstrations; and
- enjoy like or educational privileges that may from time to time be provided by the Company,
- and any other rights and privileges determined by the Board of Directors from time to time.

Affiliate Members shall agree to be bound by the Code of Ethics of the College and to comply with the rules of the Constitution as they may be applicable to Affiliates.

Affiliates are eligible to register for the Continuing Professional Development Program.

The fee for Affiliate Membership will be set by the Board of Directors.

## **Procedure**

1. Application is to be made on the form 'Application for Admission as an Affiliate' and accompanied by a certified copy or photocopy of documents confirming recognition as a specialist:
  - for Australian pathologists, for purposes of the Health Insurance Act
  - for New Zealand pathologists, vocational registration in Pathology by the Medical Council of New Zealand.
  - for pathologists from other countries copies of specialty qualifications, registration documents demonstrating that they are specialist pathologists in their own country.
2. Applications are processed and decided upon by the Board of Directors.
3. Once approved by the Board of Directors, a subscription invoice is raised and the Affiliate is entered on the College's database, given a Member Identification Number and registered for CPDP, pending payment.
4. The applicant will be notified of their Affiliate Membership and attendant privileges.

## APPLICATION FOR ADMISSION AS AN AFFILIATE

I hereby apply for admission as an Affiliate of the Royal College of Pathologists of Australasia under the provisions of Rule 18 of the Constitution. If admitted as an Affiliate, I agree to be bound by the Code of Ethics of the College and to comply with the rules of the College, as they may be applicable to Affiliates. The following information is provided in support of my application:

**Surname:** \_\_\_\_\_ **Given Names:** \_\_\_\_\_

**Address (for correspondence):** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone (h):** \_\_\_\_\_ **(w):** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_ **Sex:** Male  Female

### PRIMARY MEDICAL QUALIFICATIONS

Qualification	Year	Awarded by
_____	_____	_____

### ADDITIONAL MEDICAL QUALIFICATIONS

Qualification	Year	Awarded by
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Specialist Pathologist in Australia\*

I am legally qualified to practise medicine in \_\_\_\_\_ and was recognised as a  
(State/Territory)

Specialist Pathologist for purposes of the Health Insurance Act on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(day) (month) (year)

### OR

### Specialist Pathologist in New Zealand\*

I am a medical practitioner vocationally registered in Pathology by the Medical Council of New Zealand.

### OR

### Specialist Pathologist in other countries

I am a medical practitioner who is deemed to be a specialist pathologist in \_\_\_\_\_, my country of domicile.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\* Please attach a certified copy of a document confirming recognition as a specialist.