

## Important information

- MIPS takes your privacy seriously. Any personal information MIPS collects from you on this form or any other way is held securely and in accordance with the *The Privacy Act 1988* (Cwlth). This legislation restricts how an organisation collects, uses, discloses and stores personal information. MIPS is bound by this legislation, and is unable to provide any details regarding your membership to anyone other than yourself without your written authority.
- This form should be used by members who wish to allow a third party (ie a 'nominated representative') such as spouse, relative, practice manager or employer to obtain information regarding their MIPS membership or if nominated make amendments to their membership contact details.
- The nominated representative will not be able to make changes to membership details (eg membership category or practice state, cancel membership or access any non-membership information such as claims data).
- Requests are replied to by email to the nominated representative.
- Nominated businesses authorities (eg organisations/hospitals) will be held with the business not an individual.
- Individuals nominated by a business will be used as a contact person only.
- Contact number, email and relationship (eg spouse, relative, employer, and practice manager) must be provided for all delegations.
- Date of birth is not required for nominated businesses.

Please ensure that you read the important information section above. All sections are to be completed, please print clearly.

## Step 1: Member details

Title

Surname

First names

Member number

Date of birth

Mobile

Alternate phone

Email (please print clearly)

## Step 2: Nominated representative

Title

Surname

First names

Business name (if applicable)

Business address (if applicable)  
Address

Suburb

Postcode  State

Country

Relationship (eg spouse)

Date of birth

Mobile

Alternate phone

Email (please print clearly)

## Step 3: Member declaration

I authorise MIPS to provide personal information relating to my membership such as the category of my membership, my period of membership cover and any other details relevant to demonstrating that I am a member, to the nominated business or individual representative outlined above. I understand I may revoke this delegation at any time by advising MIPS. I understand it is my responsibility to advise MIPS if any existing delegation of authorities is to be removed.

I authorise my nominated representative to make amendments to my membership contact details (e.g. correspondence address):  No  Yes.

Signature

[Sign here](#)

Date

Completed application forms can be mailed or emailed. PO Box 24240 Melbourne 3001 | [info@mips.com.au](mailto:info@mips.com.au)