

MEMBERSHIP APPLICATION 2016/2017

Please select one of the following options:

- Primary (Voting) Membership** – Registered Medical Practitioners who identify as a GP predominantly in private practice providing total patient care and doing at least two (2) sessions per week over a period of one (1) year. Full voting rights and can be elected to the Board.
- Associate Membership** – Non specialist Medical Practitioners who are working at least two sessions per week in a non-hospital setting but do not qualify for Primary Membership; Practice Nurses; one (1) Practice Manager [or equivalent] per General Practice. No voting rights.

I _____ do fulfil the requirements for Membership as above.
Name

NAME: _____	Please tick:
PRACTICE NAME: _____	GP <input type="checkbox"/>
PRACTICE ADDRESS _____	GP Registrar <input type="checkbox"/>
	Practice Nurse <input type="checkbox"/>
	RN <input type="checkbox"/>
	EN <input type="checkbox"/>
	Practice Manager <input type="checkbox"/>
	Receptionist <input type="checkbox"/>

SUBURB: _____ **P/CODE:** _____

PHONE: _____ **FAX:** _____

PERSONAL/INDIVIDUAL EMAIL: _____

SIGNATURE: _____

NB: Email is the preferred method of communication with Members. **Please provide an individual email address** (johnsmith@provider.com.au). This will ensure that all pertinent information goes directly to you. As GPGC does not employ office staff your email is essential so we can complete no-cost Membership processes. Your email address will be used for the dissemination of information by GPGC and GCPHN.

Please return the Application to:	General Practice Gold Coast Email: admin@gpgc.com.au Fax: 07 5507 7700
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