



## Associate Membership Form 2011 - 2012

Title: Prof / A Prof / Dr / Mr / Mrs / Ms Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Age Range:  ≤34  35-44  45-54  55-64  65+ (used for workforce planning)

Profession:  GP  Psychologist  Pharmacist  Physiotherapist  Podiatry  Osteopath  
 Optometrist  Dental  Chiropractor  Nurse or Midwife  Other: \_\_\_\_\_

Professional Registration Number: \_\_\_\_\_

Are you practicing?:  Full Time  Part Time  Retired Other languages spoken: \_\_\_\_\_

**Contact details:**

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Most preferred form of Contact**

Mailing address  Email Address  Telephone/Mobile  Fax

**Please tick this box if you DO NOT wish your contact details to be released to hospitals:**

**Practice/Workplace Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Associate Membership \$66.00 (Incl GST)

I wish to pay by:

- Cheque payable to Eastern Sydney Division of General Practice
- Electronic Funds Transfer (EFT) – BSB: 012 241 Account Number: 1007 30836
- MasterCard Card Number \_\_\_\_\_ Expire Date \_\_\_\_ / \_\_\_\_
- Visa Cardholder's Name.....
- Amex Cardholder's Signature.....

Please forward membership form with cheque or credit card details (no cash) to:

Eastern Sydney Division of General Practice Ltd  
Suite 103, Level 1, 35 Spring Street, Bondi Junction NSW 2022 - Fax No: 9387 4175

Signature:.....Date.....



#### Privacy Policy

The Information obtained will be used by the ESDGP in accordance with the privacy policy which can be found at [www.esdgp.org.au](http://www.esdgp.org.au)