



## GP Membership Form 2011 - 2012

Title: Prof / A Prof / Dr: Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Male  Female  Age Range:  ≤ 34  35-44  45-54  55-64  65+

Medical Registration Number: \_\_\_\_\_ Vocationally Registered: Yes  No

QI & CPD Number: \_\_\_\_\_ Registrar: Yes  No

Other languages spoken: \_\_\_\_\_ International Medical Graduate: Yes  No

Are you practising?:  Full Time  Part Time  Retired

Your Special Interest (eg: ANSC, Mental Health, Complimentary Medicine etc)? \_\_\_\_\_

**Contact details: Preferred form of Contact (Please tick)**

Mailing address  Email address  Telephone/Mobile  Fax

Mailing address: \_\_\_\_\_

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

Telephone/Mobile: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

**Practice Details:** Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

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

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

Is your practice using Clinical Software? Yes  No  If yes, which software \_\_\_\_\_

Has your practice a Practice Manager? Yes  No  If yes, provide name & email address

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

Has your practice a Practice Nurse? Yes  No  If yes, provide contact details:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Solo GP Member:  \$77.00  
 Group Practice:  2- 4 GPs \$152.00  5 – 9 GPs \$ 298.00  10 + GPs \$455.00  
 \* Each member of a group practice needs to complete a membership form. All prices include gst.

I wish to pay by:

- Cheque made 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.....

**Where one payment is being made for a group practice, please attach all individual membership forms.**

**Payment by EFT, cheque or credit card (no cash) to: or Fax forms to: 9387 4175  
 Suite 103, Level 1, 35 Spring Street, Bondi Junction NSW 2022**

**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)