

ST GEORGE DIVISION OF GENERAL PRACTICE INC

Address: 41 Dora Street. Hurstville 2220

Ph: (02) 9585 2044

Fax: (02) 9585 2144

MEMBERSHIP APPLICATION

Membership Category (please tick appropriate box)

- Member** (\$110/yr inc. GST): GP active in St George area who fulfils criteria for good standing (below)
- Associate** (\$110/yr inc. GST): GP active outside St George area OR who has not yet fulfilled criteria for good standing.
- Honorary (Fee-Nil): Inactive GP or Non GP who holds a community interest in the St George area.**

Payment Method: **Cheque** (Payable to St George District Division of General Practice Inc)

Surname: _____	First Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Country of Medical Training: _____	Country of Birth: _____		
Date of Birth ____ / ____ / ____	Proficient Language/s: _____		
Practice Address: _____			
Suburb: _____	Postcode: _____		
Mailing Address: <i>If different from above</i> _____			
Suburb: _____	Postcode: _____		
Phone: _____	Fax: _____	Mobile: _____	
Email: _____			
NSW Medical Board Registration: _____	QA Number: _____		
Special Medical Interests: _____			
Are you interested in joining the Small Group Learning Program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interested in the St George Antenatal Shared Care Program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Good Standing in General Practice

- | | | |
|--|-------------------------------------|------------------------------------|
| 1. Vocationally Registered | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. In General Practice 2 sessions a week for 3 years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Hold an FRACGP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Employment Status: Full time Part time Not Practicing
Practice Details: Solo Group Corporate

DR.: _____
(name of person being nominated)

is nominated for membership with the St George District Division of General Practice.

Proposed by Dr : _____ (name and signature of person nominating)

The St George Division of General Practice is bound by and adheres to the National Privacy Principles as described in the Australian Government Privacy Amendment (Private Sector) Act 2000. Information collected from this membership form will only be used by the Division in the provision of services to you as a member of the organisation and will not be provided to any third party or organisation unless written consent from you is provided. For a copy of our Privacy Statement and/or Policy please contact the Office Manager.

I provide consent for the Division to make the information collected above available, in accordance with the Privacy Statement/Policy for the purposes of improving collaboration and information exchange between health services and/or providers.

Signed:

Dated: