

## MEMBERSHIP APPLICATION 2017/2018

Please also 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

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|---|---|
| <p><b>NAME:</b> _____</p> <p><b>PRACTICE NAME:</b> _____</p> <p><b>PRACTICE ADDRESS</b> _____</p> <p><b>SUBURB:</b> _____ <b>P/CODE:</b> _____</p> <p><b>PHONE:</b> _____ <b>FAX:</b> _____</p> <p><b>EMAIL:</b> _____</p> <p><b>SIGNATURE:</b> _____</p> | <p><b>Please tick:</b></p> <p>GP <input type="checkbox"/></p> <p>GP Registrar <input type="checkbox"/></p> <p>Practice Nurse <input type="checkbox"/></p> <p>RN <input type="checkbox"/></p> <p>EN <input type="checkbox"/></p> <p>Practice Manager <input type="checkbox"/></p> <p>Receptionist <input type="checkbox"/></p> |
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**GPGC is often asked if it can identify GPs who are happy to see medical colleagues. Please tick the box below and include your signature if you would be happy to do so.**

- I am happy to be registered on a GP only list and on the GP secure section of the website as a GP who is happy to see medical colleagues.

NB: Email is the preferred method of communication with Members. **Please provide an individual Email Address** ([yourname@yourprovider.com.au](mailto:yourname@yourprovider.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.

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| <b>Return to:</b> | Administration<br>General Practice Gold Coast<br>3/5 Executive Drive<br>BURLEIGH WATERS QLD 4220 |
| <b>OR Fax:</b>    | <b>5507 7700</b>   |