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APPLICATION FOR GP MEMBERSHIP

GP membership to open to all registered General Practitioners in the Townsville region.

(PLEASE USE BLOCK LETTERS)

Name:

Practice Address:

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Telephone: Facsimile:

Qualifications:

Email:

Please attach a copy of your current Certificate of Registration with this application form.

Medical Interests:

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Please indicate any issues with General Practice or Health Care Provision in Townsville that you feel the TGPN could address:

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I hereby apply to become a GP Member of the Townsville Division of General Practice Ltd and understand that I have full voting rights at Divisional Meetings.

Signed: Date:

Please note: There are no membership fees for GP Members.

This membership entitles you to:

- Receive our weekly newsletter (*Bits n' Pieces*)
- Receive our monthly newsletter (*Tropical Ear*)
- Invitation to Divisional CPD activities and Annual General Meeting

Office Use Only

Membership Number: Date Processed:

- Board Meeting Database Newsletter New member kit