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APPLICATION FOR MEDICAL STUDENT

Student Membership is open to all 5th & 6th Year James Cook University Medical Students.

(PLEASE USE BLOCK LETTERS)

Name:

Mailing Address:

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Telephone: Facsimile:

Email:

5th Year Medical Student

6th Year Medical Student

Please attach a photocopy of your student identification card with this application form.

Special Interests:

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Please indicate any issues with regard to medical student support that you feel TGPN could address:

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I hereby apply to become a Student Member of the Townsville General Practice Network and understand that I have no voting rights at Divisional Meetings.

Signed: Date:

This membership entitles you to:

- Invitations to relevant Continuing Professional Development (CPD) activities subject to availability
- Receive our weekly newsletter (Bits n' Pieces) electronically
- Notification of monthly newsletter—'Tropical Ear' on TGPN's website
- Invitation to the 'Meet & Greet' and Annual General Meeting for which a charge will apply

Office Use Only

Membership Number: Date Processed:

Board Meeting

Database

Newsletter

New member kit