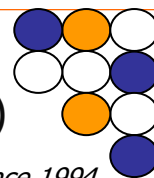




# Townsville General Practice Network

## Associate Membership Form (Annual)



TGPN has been delivering services for Primary Health Care Professionals since 1994.

<b>Title:</b>	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Miss	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms	<b>First Name:</b>		<b>Surname:</b>	
<input type="checkbox"/> Chiropractor <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Dentist	<input type="checkbox"/> Diabetes Educator <input type="checkbox"/> Dieticians <input type="checkbox"/> Exercise Physiologist <input type="checkbox"/> GP Intern	<input type="checkbox"/> Optometrist <input type="checkbox"/> Orthodontist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Podiatrist <input type="checkbox"/> Practice Mgr <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Psychologist	<input type="checkbox"/> Psychotherapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Other _____	<input type="checkbox"/> Specialist (list:)	
<b>Practice Name:</b>		<b>Practice Address</b>	<b>Postal:</b>	<b>Physical:</b>		
<b>Practice Phone:</b>		<b>Practice Fax:</b>		<b>Business Email:</b>		
<b>Qualifications:</b>						
<b>Medical Interests:</b>					Would you like to receive Tropical Ear electronically?	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

Membership Entitlements	Savings
• Publications—Bits n' Pieces	\$30
• Publications—Tropical Ear	\$75
• Attendance— Meet and Greet dinner	\$100
• Attendance - Annual General Meeting	\$100
• Attendance—Strategic Planning Day	\$50
• Extra information—Health Services Directory	\$165
<b>TOTAL SAVINGS:</b>	<b>\$520</b>

### Other Benefits:

- Invitations—Continuing Professional Development Activities
- Discounts—Continuing Professional Development Activities
- Networking—with other Health Service Providers
- Networking Activities:
  - Practice Manager Meetings
  - Practice Nurse Meetings
  - Practice Nurse Mentoring Circle
  - Mental Health Nurse Meetings
  - Allied Health Professionals Meetings

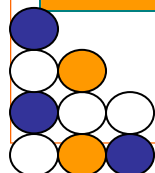
**ASSOCIATE MEMBERSHIP ONLY**  
**\$132 including GST**

Do you have a criminal record?  Yes  No

Are there any issues in General Practice or Health Care provision that Townsville General Practice Network could address?

*I understand that by checking this box I hereby apply to become an Associate Member of Townsville Division of General Practice Ltd and understand that I have NO voting rights at Divisional meetings*

<b>Signature:</b>		<b>Date:</b>	
<b>Membership Subscription:</b>	\$132.00 (GST inclusive) per year. Payment can be made via cheque or EFT (quote surname & Assoc Mbr) <b>BSB: 084 970 Account Number: 697824228 Account name: TDGP</b>		



OFFICE USE ONLY

- Membership Registered  Scanned  ChilliDB  Cross Check  Prospect  Board Meeting