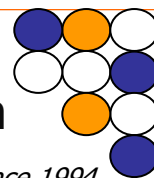




Townsville General Practice Network

GP Membership Form



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

Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Miss	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms	First Name:		Surname:		<input type="checkbox"/> General Practitioner <input type="checkbox"/> GP Registrar
Practice Name:			Practice Address	Postal:		Physical:	
Practice Phone:			Practice Fax:			Business Email:	
Qualifications:							
Medical Interests:						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
TOTAL SAVINGS:	\$520

Other Benefits:

- Invitations—Continuing Professional Development Activities
- Discounts—Continuing Professional Development Activities
- Networking—with other Health Service Providers
- Networking activities for support staff
 - Practice Managers Meetings
 - Practice Nurse Meetings
 - Mental Health Nurse Meetings
 - Allied Health Professionals Meetings

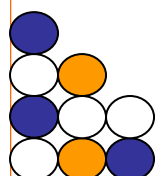
NO COST FOR GP MEMBERSHIP

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

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

Signature: _____

Date: _____



OFFICE USE ONLY

- Membership Registered Scanned ChilliDB Cross Check Prospect Board Meeting