

Membership form

The following information is collected to allow the Division to gain a deeper understanding of General Practice and Community. This helps us to develop tailored products and services to influence key decision makers in government and business. It may also help the formation of special interest groups. Could you please help us to make sure we are offering you the services you need by filling out all the details included on this form.

Member referred by: _____

Only fill in the membership details that apply to you

ORDINARY MEMBER - GP Member details:

Principal Employed Locum
 Contractor
 Title: _____ Surname: _____
 First Name: _____
 Preferred Address: _____
 _____ Postcode: _____
 Professional Development Number: _____
 Affiliated Body: _____
 Provider Number: _____
 Vocationally Registered: Yes No
 Prescriber Number: _____
 Gender: Male Female
 Year of Birth: _____
 Practice Name: _____

PRACTICE INSTITUTIONAL:

Name of Practice: _____
 Physical Address: _____
 _____ Postcode: _____
 Postal Address: _____
 _____ Postcode: _____
 Number of Staff: _____ Greater than 2 FTE Doctors?
 Practice Name: _____
Please provide a separate list of names and position titles

ASSOCIATE MEMBER - Practice staff, Allied health, Students & others:

Allied Health - Specialty Area: _____
 Receptionist Practice Manager Registered Nurse
 Dentist Community Health Specialist/Consultant
 Student/Registrar Indigenous Health
 GP - Retired or outside Division Boundary
 Other - Please specify: _____
 Title: _____ Surname: _____
 First Name: _____
 Preferred Address: _____
 _____ Postcode: _____
 Student - Area of study: _____
 Professional Development Number: _____
 Affiliated Body: _____
 ABN: _____
 Gender: Male Female
 Year of Birth: _____
 Workplace address: _____

ASSOCIATE INSTITUTIONAL:

Name of Organisation: _____
 Nature of Organisation: _____
 Physical Address: _____
 _____ Postcode: _____
 Postal Address: _____
 _____ Postcode: _____
 Number of Employees: _____
 Membership Contact Person: _____

MEMBERSHIP FEES 2010/2011

Brisbane South Division Limited PO Box 211, Salisbury Q 4107 ABN 21 510 905 907 ACN 135 683 064

GP Member* - Investment: \$149 (GST Inclusive) Associate Institutional Members - Investment: \$249 (GST Inclusive)
 Associate Member* - Investment: \$110 (Allied Health Professionals, Practice Employees and others. GST Inclusive) Healthcare Student - FREE
 Practice Institutional** - Investment: \$270 Please forward a tax receipt.

Payment Options (please tick)

Cheque Mastercard Visa Amount: \$ _____ + Donation: \$ _____ = Total: \$ _____

Credit Card number

Name on Credit Card _____ Expiry Date ____/____/____

Signature _____ Date ____/____/____

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE

TAX INVOICE

This document will be a tax invoice for GST purposes when fully completed and payment made. Please retain a copy for your records.

* Eligible to nominate for Board Membership.

** General Practice Institutional membership covers all practice staff within that Practice under this fee. NOTE: Credit card will be debited annual membership each year in July unless you advise otherwise.

