Membership Form

If any of the information already completed on the form is incorrect, please indicate this and provide the updated information.

PRACTICE INSTITUTIONAL MEMBER – Renewal Cost: $270

Practice Institutional Membership is available to any practices with an interest in, and support for the activities of Brisbane South Division. This does not confer extended benefits to individual members of the organisation. General Practitioners are not covered by this membership type – they must join as Ordinary Members.

Primary Contact Details:

Title: _____ First Name: _____ Surname: _____

Practice Details (Please provide a separate list of current employee names and job titles):

Number of Staff: _____ How many GPs?: _____

Practice Name: _____ Practice Phone: _____

Practice Address: _____

How would you like to receive communication in 2011/2012? ☐ Post ☐ Email ☐ Fax (please provide details below)

_____

Membership Benefits, Terms and Conditions

☐ I have read, understood and agree to the Brisbane South Division Limited membership benefits, terms and conditions and the Privacy Statement at www.brisbanesouth.com.au.

Name: _____ (Please print) Signature: _____ Date: ___/___/_____

Membership Fees 2011/2012

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.

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

☐ Practice Institutional Member - $270 (GST Inclusive) ☐ Please forward a tax receipt

Payment Options (please tick) ☐ Cheque ☐ MasterCard ☐ Visa

Amount $ _____ + Donation $ _____ = Total to Debit _____

Credit Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: _____/_____

Name on Credit Card _____ Signature _____

More Information/Submit Your Renewal Form

Address: Unit 1B, 172 Evans Road, Salisbury QLD 4107
Post: PO Box 211, Salisbury QLD 4107
Phone: 07 3274 1886
Email: info@brisbanesouth.com.au
Web: www.brisbanesouth.com.au
Fax: 07 3274 1930