

Chairman: Dr Michelle Guppy
Treasurer: Dr Rod Martin
ABN: 27 062 923 559



PO Box 1415
Armidale NSW 2350
enquiries@nedgp.org.au
www.nedgp.org.au

ASSOCIATE MEMBERSHIP APPLICATION

For Non Practicing GPs, Specialists, GP Registrars, GPs outside the New England Division, Practice staff
(Please circle one of the above or other _____)

DETAILS

SURNAME: _____ FIRST NAME(S): _____

WORK ADDRESS: _____ HOME ADDRESS: _____

TOWN: _____ P/CODE _____ TOWN: _____ P/CODE _____

TELEPHONE: (BH) _____ (AH): _____ FAX: _____

MOBILE: _____ EMAIL ADDRESS: _____

SPOUSE'S NAME: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

YEAR OF REGISTRATION: _____ UNIVERSITY: _____

DEGREES/DIPLOMAS: _____

SPECIALITY: _____

WORK STATUS: Full-time: Part-time: Clinic Sessions per week: _____

CPD NUMBER: _____

MEMBER – **ACRRM**: Y / N No: _____ **RACGP**: Y / N No: _____

RDA: Y / N **AMA**: Y / N Other Professional Membership _____

I hereby apply to be an Associate Member of the New England Division of General Practice Ltd and agree to be bound by the Memorandum of Association and Articles of Association of the Company.

Signed: _____ **Date:** _____

Any Comments: _____

