

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



PO Box 1415  
Armidale NSW 2350  
[enquiries@nedgp.org.au](mailto:enquiries@nedgp.org.au)  
[www.nedgp.org.au](http://www.nedgp.org.au)

## MEMBERSHIP APPLICATION

(For practicing GPs in New England)

### DETAILS

SURNAME: \_\_\_\_\_ FIRST NAME(S): \_\_\_\_\_

PRACTICE ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ P/CODE: \_\_\_\_\_ TOWN: \_\_\_\_\_ P/CODE: \_\_\_\_\_

TELEPHONE (BH): \_\_\_\_\_ (AH): \_\_\_\_\_ FAX: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

YEAR OF REGISTRATION: \_\_\_\_\_ UNIVERSITY: \_\_\_\_\_

OTHER DEGREES/DIPLOMAS: \_\_\_\_\_

WORK STATUS: Full-time:  Part-time:  Clinic Sessions per week: \_\_\_\_\_

CPD NUMBER: \_\_\_\_\_ NUMBER OF GPs IN YOUR PRACTICE: \_\_\_\_\_

FMP TRAINED: Yes  No

MEMBER – **ACRRM**: Y / N No: \_\_\_\_\_ **RACGP**: Y / N No: \_\_\_\_\_

**RDA**: Y / N **AMA**: Y / N

HOSPITAL VMO: Y / N

HOSPITAL: ARM. / G.I. / INV. / TENT.

OTHER DISCIPLINE PRACTICED:

OBSTETRICS: Yes  No

ANAESTHETICS: Yes  No

SURGERY: Yes  No

OTHER: \_\_\_\_\_

I hereby apply to be a Primary 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: \_\_\_\_\_

Dated: \_\_\_\_\_

Any Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_