

Application for Associate Membership

PERSONAL DETAILS			
Surname			
Given name/s			
Email			
Phone (m)		Phone (h)	
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth
Occupation			
Professional Qualifications & Memberships			

PRACTICE DETAILS			
Practice Name			
Address			
Suburb		State	Postcode
Phone		Fax Number	
Alt phone			
Practice Email		Website	

AGREEMENT	
<input type="checkbox"/>	I subscribe to the Objects of the FNQDocs and shall abide by the Rules of Incorporation
<input type="checkbox"/>	I would like to receive a copy of the Rules of Association
<input type="checkbox"/>	I would like to subscribe to Cairns Health Online Directory
Signature	Date

OBJECTS OF THE ASSOCIATION
<p>Objects: The objects for which the Association is established are:</p> <p>To support rural General Practitioners in Far North Queensland by helping them to acquire appropriate skills and knowledge, by the provision of useful practice support services and by public promotion of the value of high quality General Practice;</p> <p>To foster mutually beneficial communication and relationships within the General Practice community, including doctors in training and between General Practitioners, health care colleagues and the public;</p> <p>To support, facilitate and deliver outstanding Primary Health Care for the people in Far North Queensland;</p>

OFFICE USE ONLY	
Category <i>(Please tick one)</i>	<input type="checkbox"/> Allied Health <input type="checkbox"/> Pharmacist <input type="checkbox"/> Practice manager <input type="checkbox"/> Other (please specify)
Nominated by	Name of GP Member
	Signature
	Date
Seconded by	Name of GP Member
	Signature
	Date