



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 FNQRDGP 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

Objects:
The objects for which the Association is established are:

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;

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;

To support, facilitate and deliver outstanding Primary Health Care for the people in Far North Queensland;

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		Date
	Signature		
Seconded by	Name of GP Member		Date
	Signature		

Return form to Far North Queensland Rural Division of General Practice
PO Box 192 Bungalow QLD 4870 or by fax 07 4042 7300