



Application for General Practitioner 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 (eg. FRACGP)			
(Please tick one)	<input type="checkbox"/> VR	<input type="checkbox"/> Non VR	
Provider Number		Prescriber Number	
RACGP Number		ACRRM Number	
Specific professional interest/s:			
I wish to be involved in the Division in the following ways: (please tick)	<input type="checkbox"/> Management	<input type="checkbox"/> Training	
	<input type="checkbox"/> CME	<input type="checkbox"/> Student Mentoring	
	<input type="checkbox"/> Education	<input type="checkbox"/> Other: (please specify)	

PRACTICE DETAILS			
Practice Name			
Address			
Suburb		State	Postcode
Phone		Fax Number	
Practice Email			
Practice 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 the Cairns Health Online Directory
Signature	Date

OBJECTS OF THE ASSOCIATION
<p>Objects:</p> <p>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>

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