



ABN: 37 062 388 130

MEMBERSHIP APPLICATION

I, _____
(Full Name)

of _____
(Home Address)

hereby apply to be a (*tick relevant membership category**):

Full **Associate** **Life**

Member of the Mid North Coast (NSW) Division of General Practice Ltd (the Company).

* Definitions of Division Membership Categories:

Full Member – A Registered General Medical Practitioner whose practice involves the provision of primary, continuing and comprehensive whole-patient care for at least one session per week, including practitioners providing GP services to targeted groups (e.g. ATSI, Women), may apply in writing to the Company for admission as a **Full Member** of the Company.

Associate Member- Other medical practitioners, GP registrars, locums and medical students may apply in writing to the Company for admission as an **Associate Member** of the Company.

Life Member – A Retired General Medical Practitioner may be awarded, at the discretion of the Board, admission as a **Life Member** of the Company.

Eligibility for membership is restricted to persons who work within the geographic area of the Mid North Coast (NSW) Division of General Practice and reside within the same boundaries or adjacent Division of general practice boundaries.

In the event of me becoming a member of the Mid North Coast (NSW) Division of General Practice, I agree to be bound by provisions of the Memorandum and Articles of Association of the Company including any variations to those provisions that may be made from time to time. I also understand that at this time there is no membership fee payable to maintain my membership status.

Applicant's Signature: _____ Dated: _____

Proposer: _____ Signed: _____ Dated: _____

This application must be proposed and signed by a full member of the Mid North Coast Division of General Practice.