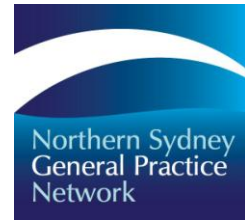


# ASSOCIATE MEMBERSHIP FORM

## Application / Renewal 2010 / 2011



Mr / Ms / Mrs (Circle) **Name** \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Are you: Medical Student  RMO  Practice Manager  Practice Nurse (RN  EN   
Other languages spoken \_\_\_\_\_  
I would like to receive the NSGPN weekly fax via  email  fax

**HOME Address** \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

**WORK Address** \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**POSTAL Address**  Home address  Work address  
 Other \_\_\_\_\_

### Payment Details

I wish to pay

1 year membership \$85 (incl. \$7.72 GST)

by

Cheque (payable to Northern Sydney General Practice Network)

MasterCard/ Visa/ Bankcard (circle one)

Note: we cannot accept AMEX

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_

Cardholder's Name  
\_\_\_\_\_

Cardholder's Signature  
\_\_\_\_\_

### Recitals

- I agree to abide by the Articles of Association of NSGPN.
- I consent to the NSGPN providing from time to time, my name and contact details and language other than English spoken to the Area Health Service as required for the purpose of referrals/improved patient care.

The NSGPN privacy/information handling policy is available on request.

I agree to the above recitals.

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DISCLAIMER: Northern Sydney General Practice Network is not responsible, nor does not guarantee the qualifications, professional registrations, or any legislative requirements for any persons who apply for associate membership of Northern Sydney General Practice Network. In addition, all NSGPN memberships runs within the financial year calendar (June-July)