GP partners AUSTRALIA
supporting GPs to care for the community

Membership Application Form

Please accept this Application for Membership of GP partners Australia.
Note: This application once completed and signed should be forward to:

GP partners Australia via fax: (08) 8227 2220
or post to:
GP partners Australia
PO Box 7293, ADELAIDE SA 5000

Member details

Title **First name** **Surname**

Practice Name

Preferred Address

Suburb **State** **Post Code**

Telephone No

RACGP QI & CPD Number

Email ☐ Personal ☐ Business (please tick)

Authorisation

- I certify that I am a registered medical practitioner and/or practice staff and work principally in general practice.
- I acknowledge I will receive information from GP partners Australia.

Signature _____ Date _____

GP partners Australia is a company limited by guarantee. In the event the company is wound up an individual member's liability to a maximum contribution of $10. For more information on GP partners privacy policy please see: www.gppaustralia.org.au/privacy_policies.htm