



Membership application form

Australian registered medical practitioners (new or rejoining members)
1 July 2011 - 30 June 2012

Please post or fax this application form to:

Reply Paid PO Box 284
South Melbourne, Victoria 3205
Tel 1800 331 626 Fax 03 8699 0489
ACN 000 223 807 ABN 34 000 223 807

Please print letters
Use black or blue pen
Place in all applicable boxes

Personal details

Title Given names Surname

Preferred name Practice name

Practice address State Postcode

Telephone Fax number Email

Home address State Postcode

Telephone Fax number Email

Mobile Date of birth / / Gender Male Female

My preferred email address is Practice Home My preferred mailing address is Practice Home

Additional options

I would like to receive RACGP news bulletins, Fridayfacts, major health information, College notices and updates from the RACGP via email or via emailed links to the RACGP website Practice Home

I am a member of the Australian Defence Force and wish to join the RACGP Chapter of Military Medicine Yes No

I would like to join the RACGP National Faculty of Specific Interests (NFSI)* Yes No

I would like to join the RACGP National Faculty of Aboriginal and Torres Strait Islander Health* Yes No

I would like to join the RACGP National Rural Faculty (NRF)* Yes I am a rural GP and wish to opt out of the NRF

I am of Aboriginal or Torres Strait Islander origin No Yes, Aboriginal Yes, Torres Strait Islander

*RACGP members receive complimentary membership to their state faculty, and can choose to join our National Faculty of Specific Interests, National Faculty of Aboriginal and Torres Strait Islander Health, and the National Rural Faculty on a complimentary basis.

Academic background

Primary qualification

Date / / Qualification University/College/Country

Other medical qualifications

Date / / Qualification University/College/Country

Medical registration

Full Date / / Registration body

Provisional Date / / Registering body

I have attached a copy of my **current** Australian medical registration certificate/card (this may be printed from www.ahpra.gov.au)

Membership category

I wish to join the RACGP as a member in the following category

(please see membership rate sheet for categories and fees).

Membership fee enclosed (inc GST)

(Period 1 July 2011 – 30 June 2012)

I am joining the RACGP before 30 June 2011 and:

look forward to receiving access to the PrimaryCare Sidebar[®] with the additional complimentary early bird offer features (this is the 'default' offer) OR

prefer to receive a USB containing Therapeutic Guidelines *Rheumatology* and *AMH Drug Choice Companion: Aged Care*

Please indicate which clinical desktop system(s) you currently use:

(this information is essential for PrimaryCare Sidebar[®] users (note: for optimal functionality, Medical Director or Best Practice is required))

Medical Director II or III

Best Practice

Other (specify)

Please advise the name and position of the person who will be installing the PrimaryCare Sidebar[®] at the practice

(the installation CD will be delivered to this person).

Name

Practice/Organisation

Mailing address (if different to practice address listed on page 1)

Role Practice Manager

IT Manager

Receptionist

GP

Division of General Practice employee

Payment details

RACGP Amex

Amex

Visa

MasterCard

Cheque

Money order

Card Number

Expiry date

Total amount

Cardholder name (please print clearly)

Cardholder signature

This document will be a tax invoice when payment is made. Please make remittances payable in \$AUD to: The Royal Australian College of General Practitioners. Receipts are issued via email each month. *For more information on RACGP American Express[®] credit cards, visit www.racgp.org.au/memberbenefits or call the RACGP on 1800 331 626.

Declaration

I acknowledge, agree and declare that:

- (1) The information I have provided in this document and any attachments is current, true and correct;
- (2) I shall uphold and promote to the best of my ability fulfilment of the RACGP Mission Statement;
- (3) As a member, I shall abide by the RACGP Constitution and all Standing Orders and Regulations made under its authority;
- (4) I shall honour applicable Quality Improvement and Continuing Professional Development (QI&CPD) obligations; and
- (5) I consent to RACGP collecting, storing and using my personal information for the purpose of administering my membership and providing services to me as well as (unless I have "opted out" as provided on the RACGP website) sending me spam (advertising information) by itself or its related bodies corporate.

Signature

Date

The RACGP Constitution can be viewed at
www.racgp.org.au/constitution

Office use only

Member name

Date received

RACGP number

State faculty:

RACGP membership fees paid: (including GST)

Registration confirmed

Yes

Declaration signed

Yes

Faculties notified

Yes

Signature

Date