



## South Eastern Sydney Division of General Practice Ltd

Level 2, 6-8 Crewe Place, Rosebery, 2018 – Tel 02 9663 5958 – Fax 02 9663 5817  
Web [www.sesdgp.com.au](http://www.sesdgp.com.au) – Email [admin@sesdgp.com.au](mailto:admin@sesdgp.com.au) – ABN 9109 898 2202

### Associate\* Membership Application Form

#### Personal Details

First Name: ..... Surname: ..... Gender: Male  Female   
Home Address: ..... Post code: .....  
Home Telephone: ..... Mobile: ..... Fax: .....  
Email Address: .....

Date of Birth: ..... or Age Band: <30  30-40  40-50  50-60  60-70  70+   
Languages spoken (other than English): .....

#### For General Practitioner applicants:

Qualifications: ..... Graduation Year: ..... Country: .....  
Are you vocationally registered? Yes  No  QA&CPD number: .....  
Prescriber number: ..... Provider number: .....  
Fields of interest or specialities: .....  
Are you registered with the NSW Medical Registration Board? Yes  No

#### For non General Practitioner applicants:

Profession: ..... Graduation Year: ..... Country: .....  
Which professional bodies are you registered with? .....  
Fields of interest or specialities: .....  
If not salaried, please indicate your ABN: .....

Are you a company? Yes  No   
If yes, Company Name: ..... Company ABN: .....

#### How would you like to receive written Division communications? Please indicate your choice:

Email  Business Fax  Business Address  Home Fax  Home Address

**South Eastern Sydney Illawarra Health Service requires the Division to provide its members' contact details to assist with communication.** Please indicate your consent. Yes  No

### Business Details

Business Name: .....  
Business Address: ..... Post Code: .....  
Business Telephone: ..... Business Fax: .....  
Business Web Address: .....  
How many sessions per week do you usually work in your principal business?      5 or less     6-10     11+

### Associate\* Member Declaration

To the Secretary,  
South Eastern Sydney Division of General Practice Limited  
Level 2, 6-8 Crewe Place  
Rosebery NSW 2018

I .....  
apply to become an Associate Member of the South Eastern Sydney Division of General Practice Limited, and if accepted for membership, agree to be bound by the Constitution and Rules and Regulations of the said Division.

**To become a financial Associate Member of the Division, please include a cheque for \$66.00.  
Cheques should be made payable to SESDGP Ltd. Membership is for the financial year 1<sup>st</sup> July – 30<sup>th</sup> June.**

Dated: ..... Signed: .....

\***Associate Member** – means a member of the Division who is either not a General Practitioner or is a General Practitioner who practices in a location which is outside the area of the Designated Area.

Designated Area – means the geographic area within the post codes of 2015, 2017, 2018, 2019, 2020, 2024, 2031, 2033, 2034, 2035, 2036 and 2052.

### Office Use Only

Date received: .....	Payment received: .....
Entered in MYOB: .....	Assigned PSO: .....
Entered into DIS: .....	Entered in website: .....
New member welcomed: .....	SESIHS notified: .....