



## 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

### Ordinary\* Membership Application Form

#### Personal Details

First Name: ..... Surname: ..... Gender: Male  Female

Home Address: ..... Post code: .....

Home Telephone: ..... Mobile: .....

Email Address: .....

Date of Birth: ..... or Age Band: <30  30-40  40-50  50-60  60-70  70+

Languages spoken (other than English): .....

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

If not salaried, please indicate your ABN: .....

Are you a company? Yes  No

If yes, Company Name: ..... Company ABN: .....

Are you interested in teaching undergraduate medical students? Yes  No

Are you interested in supervising registrars? Yes  No

Are you interested in joining Division's Antenatal Shared Care Program? Yes  No

**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

**Would you like Division communications mailed to your principal surgery address?** Yes  No

**Practice Details**

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

**Ordinary\* 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 Ordinary 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 Ordinary 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: .....

**\*Ordinary Member** – means a Member of the Division who is a General Practitioner who practises for at least four (4) hours each week in a location which is within the area of the designated area.

Designated Area – means the geographic area within the post codes of 2015, 2017, 2018, 2019, 2020, 2024, 2031, 2032, 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: .....