

SUTHERLAND DIVISION OF GENERAL PRACTICE Inc.

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ASSOCIATE MEMBERSHIP APPLICATION

Surname:

Given Names:

QA Number: **or** Date of Birth: Sex: Male/Female

Principle Practice Address:

..... **Suburb:** **Postcode:**

Phone: Fax: E-mail:

Mobile:

2nd Practice Address:

..... **Suburb:** **Postcode:**

Phone: Fax: E-mail:

3rd Practice Address:

..... **Suburb:** **Postcode:**

Phone: Fax: E-mail:

Preferred Mailing Address (if different from principle practice address):

.....

..... **Suburb:** **Postcode:**

Do you want to receive a copy of the newsletter? Yes/No

Do you work full-time/part-time?

What days, e.g. Mon AM

Languages spoken:

Special Medical Interests:

I am a GP Affiliate at The Sutherland Hospital (TSH)

I would like to apply to be a GP Affiliate at TSH

SIGNATURE:

DATE:

The above information will be stored on the database of the Sutherland Division of General Practice (SDGP). You may request access to the personal information about you that we hold. If you believe that any personal information about you is incorrect or out of date, you may ask us to correct it.

In most circumstances SDGP will only use your personal information for the purpose for which it is collected, ie giving out information on events and activities. Disclosure to other organisations will be limited to Area Health facilities and hospitals (public and private).