



AUSTRALIAN GP ALLIANCE LIMITED
APPLICATION FOR MEMBERSHIP

Full name of applicant		
Residential address (required) Mailing address (if appropriate)		
Telephone number Email address		
Member of Australian Health Practitioner Regulation Agency	Yes	No
Name of medical practice Address of medical practice(s) Ownership status	Sole owner / partner / director / shareholder	
Membership Fees	<p>\$1,000 flag fall per practice (no matter how many sites) + \$100 GST PLUS \$250 per FTE GP working in the practice + \$25 GST per FTE GP Capped at a maximum of \$5,000 + GST. For example:</p> <ul style="list-style-type: none">• A solo practice owner would cost \$1,250 + GST• A 5 FTE GP surgery would be \$2250 + GST• The maximum charge is 16 FTE GPs at \$5,000 + GST. This would then entitle every owner of that practice to be an AGPA member.	
Payment Method & Amount Paid <i>Note: reference your name and practice/ entity name so we can match payments.</i>	Direct deposit into: AGPA Pty Ltd BSB: 082-902 Account No: 24 176 6488	Number FTE Amount Paid (please include GST) \$
Name(s) and email address of GPs covered by membership (Must be practice owners) <i>Attach separate sheet if necessary</i>		

SIGNED: _____ DATE: _____

Please email this form to admin@australiangpalliance.com.au AND AGPA@commercemgt.com.au