

APPLICATION FOR MEMBERSHIP

Please complete the details below and return this form to the address shown below or email to <u>AGPA@commercemgt.com.au</u>

Membership is open to General Practitioners who are General Practice owners or part-owners

Applicant Information
Applicant's Full Name:
Name of Medical Practice:
Address for Membership:
Postcode:
Mailing Address (if different):
Postcode:
Email:
Phone: Mobile:
Member of Australian Health Practitioner Regulation Agency: Yes No
Ownership Status (eg sole, partner, director shareholder):
Membership Fees
$$500 ext{ flag fall per practice}$ (no matter how many sites), PLUS $$50 ext{ per FTE GP}$ working in those practice excluding GST.
For example, membership by a solo practice owner would cost \$550 plus GST (\$605); a five (5) FTE GI surgery would be \$750 plus GST (\$825). This would then entitle every owner of that practice to be an AGPA member.
Payment Method
Payment is be made as a single payment for 12 months membership due 1 March each year.
Payment should be made by direct deposit to: AGPA Pty Ltd BSB: 082-902 Account No.: 24 176 6488
Note: Please reference your name and practice/ entity name so we can identify payments.
Amount Paid
Number of FTE: Amount Paid: \$
Name(s) and email of GPs covered by membership (co-practice owners): Attach separate sheet if necessary