



# APPLICATION FOR MEMBERSHIP

Please complete the details below and return this form to the address shown below  
or email to [admin@australianGPalliance.org.au](mailto:admin@australianGPalliance.org.au)

*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 flag fall per practice (no matter how many sites), **PLUS** \$50 per FTE GP working in those practices, excluding GST.

For example, membership by a solo practice owner would cost \$550 plus GST (\$605); a five (5) FTE GP 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 to 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*

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