



## 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 either 1 March or 1 October each year, depending on which will provide the longest period of initial membership.

An invoice will be prepared and sent to the email address you have provided.

### **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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