



Membership Application

Family Name Given Name Title.....

Date of Birth Gender Male Female

Practice Name

Practice Address

Practice Suburb Postcode.....

Practice Telephone Practice Facsimile

email

Preferred Contact Details for mailing purposes (If different to above).....

Suburb Postcode:

Telephone Facsimile

Email

Type of General Practice (Tick all relevant boxes.)

- Full-Time
- Part-Time (No. of sessions per week)
- Own Practice
- Sessional Employee
- Locum
- Vocationally Registered
- Academic

.....
Signature

.....
Date

Please complete and return to:

Southcity GP Services
C/- The Alfred
Commercial Road
PRAHRAN VIC 3181

Telephone: 9276 3256 Facsimile: 9276 2326