



Please print letters. Use black or blue pen and place  in all applicable boxes.

**Please return form to:**

 The Royal Australian College of General Practitioners  
Reply Paid 88254  
East Melbourne, Victoria 8002

 03 8699 0489

 [membership@racgp.org.au](mailto:membership@racgp.org.au)

RACGP number (office use only)

## Personal details

Prefix  Given names  Surname

Preferred name  Practice name

Practice address  Suburb  State  Postcode

Telephone  Fax number  Email

Home address  Suburb  State  Postcode

Telephone  Fax number  Email

Mobile  Date of birth  Gender Male  Female

My preferred email address is Practice  Home  My preferred mailing address is Practice  Home

I am of Aboriginal or Torres Strait Islander origin No  Yes, Aboriginal  Yes, Torres Strait Islander  Prefer not to say

## Additional options

I would like to receive RACGP news bulletins, *In Practice*, major health information, RACGP notices including event/workshop notices and updates from the RACGP via email or via emailed links to the RACGP website Yes  No

I am a member of the Australian Defence Force and wish to join the RACGP Chapter of Military Medicine Yes  No

I would like to join the RACGP National Faculty of Specific Interests\* Yes  No

I would like to join the RACGP National Faculty of Aboriginal and Torres Strait Islander Health\* Yes  No

I would like to join the RACGP National Rural Faculty\* Yes  No

\*RACGP members receive complimentary membership to their state faculty, and can choose to join our National Faculty of Specific Interests, National Faculty of Aboriginal and Torres Strait Islander Health, and the National Rural Faculty on a complimentary basis.

## Academic background

### Primary qualification

Date  /  /  Qualification  University/College/Country

### Other medical qualifications

Date  /  /  Qualification  University/College/Country



Please complete all fields below

## Medical registration

Medical registration number  Date

Registration body

## Subscription type

For details on membership subscription types please visit [www.racgp.org.au/yourracgp/membership/join](http://www.racgp.org.au/yourracgp/membership/join)

I wish to join the RACGP as a member in the following category  
(please see membership rate sheet for categories and fees).

Membership fee enclosed (inc GST)  
(Payment made 1 January 2016 – 30 June 2016)

## AGPT enrolment details

I am a general practice registrar enrolled in the following AGPT approved Regional Training Organisation

AGPT registration ID number

I am in this year of my training (please tick) 1  2  3  4+  I intend to complete my training in the year

*Note: Registrars must be a financial RACGP registrar member from the time of joining the Vocational Training Pathway and continuously throughout their candidature (some exceptions apply).*

## Declaration

**By signing and returning this membership application to the RACGP (or by paying the membership fee) I acknowledge I make the following declarations for the RACGP's benefit:**

- (1) I will uphold and promote to the best of my ability the aims and objectives of the RACGP.
- (2) I will comply with the RACGP Constitution and such regulations as may, from time to time, be in force.
- (3) I will satisfy all appropriate Quality Improvement and Continuing Professional Development (QI&CPD) requirements of the RACGP.
- (4) My contact and all other details as advised are true and correct.
- (5) As required, I hold the appropriate AHPRA registration for my classification as a medical practitioner (or reside overseas and am registered under the local equivalent), and know no reason for why this would change.
- (6) I understand any breach of Declarations (1) to (5), or any failure to pay my membership fee, may result in my suspension or expulsion from Fellowship or membership, or may impact on my future membership opportunities.
- (7) I consent to the RACGP collecting, using and disclosing my personal information for the purposes of administering my membership, managing my registration and education (including liaising with AHPRA, Medicare and training organisations as necessary and its related bodies corporate such as RACGP Oxygen Pty Ltd).
- (8) I consent to the RACGP using or disclosing my personal information in limited subsets (such as my contact details) and to Member Benefit Partners for their use in providing me with materials about their goods or services.
- (9) I understand I may withdraw my consent to this disclosure by notifying the RACGP of my decision to opt-out from these.

Signature

Date

The RACGP Constitution can be viewed at [www.racgp.org.au/constitution](http://www.racgp.org.au/constitution)  
The RACGP Privacy Statement can be viewed at [www.racgp.org.au/usage/privacy](http://www.racgp.org.au/usage/privacy)

## Payment details

Amex  Visa  MasterCard  Cheque  Money order

Card number

Cardholder name (please print clearly)

Expiry date

Total amount

Cardholder signature

This document will be a tax invoice when payment is made. Please make remittances payable in \$AUD to:  
The Royal Australian College of General Practitioners. Receipts are issued via email fortnightly.