

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 Ltd
Reply Paid 88254
East Melbourne Victoria 8002

Member Services 1800 472 247
Fax 03 8699 0489
Email gplearning@racgp.org.au

RACGP number
(office use only)

I wish to register for RACGP membership Yes No I am already a member of the RACGP

Personal details

Prefix First name Last name Preferred name

Home address Suburb State Postcode

Telephone Fax Email

Mobile Date of birth Gender (tick one)
Male Female

Employment details

Employer name Employer address

Suburb State Postcode Telephone Fax

Work email address Preferred email address Preferred postal address
Work Home Work Home

I am of Australian Aboriginal or Torres Strait Islander origin

No Yes, Australian Aboriginal Yes, Torres Strait Islander Yes, both Prefer not to say

Academic background

Primary qualification

Date Qualification University/College/Country

Other medical qualifications

Date Qualification University/College/Country

I have attached a copy of my primary medical degree (transcribed in English)

Medical registration

Medical registration number

Date of registration

Do you have any conditions of your registration? **Yes** (please provide details of your condition(s))

Which Rural Workforce Agency are you registered to?

Additional options

I would like to receive RACGP news bulletins, 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 would like to join RACGP Specific Interests (free)	Yes	No
I would like to join RACGP Aboriginal and Torres Strait Islander Health (free)	Yes	No
I would like to join RACGP Rural (free)	Yes	No

Declaration

In joining the RACGP as a member, I make the following declarations for the RACGP's benefit.

1. Having regard to the RACGP Fit & Proper Fellow Policy, there is no reason to suggest I am not fit to hold RACGP membership and I know no reason why this would change.
2. I hold appropriate AHPRA registration, and know no reason why this would change.
3. I understand the RACGP will collect, use and disclose my personal information to administer my membership, registration and education (including with AHPRA, Medicare and RTOs).
4. I consent to the RACGP disclosing my contact details to third parties and member benefit partners (including RACGP Oxygen Pty Ltd) to provide me with information about their goods or services, and I understand I may withdraw this consent by notifying the RACGP.

Signature

Date

The RACGP Constitution can be viewed at racgp.org.au/constitution
The RACGP Privacy Statement can be viewed at racgp.org.au/usage/privacy

Membership confirmation

Once your application is processed, you will receive an email confirming your membership details.