

Membership Application



Date:			
Full Name of Applicant:			
Postal Address:			
Suburb/Town:	State:	Post Code:	
Phone:	Mobile:		
Email Address:			

Type of membership applied for: <i>(Please tick the appropriate box)</i>	Primary Associate
--	----------------------

The applicant is: <i>(Please tick the appropriate box)</i>	An individual A body corporate
--	-----------------------------------

If the applicant is an individual:	Signature of applicant:
---	-------------------------

If the applicant is a body corporate, it must nominate one (1) person to represent the company.	Full Name of Company Representative:
	Address of Company Representative:
	Signature of Company Representative:
	Name of person who is authorised to sign on behalf of the company and position:
	Signature of Authorised Person:

In addition, please provide a 200 word statement supporting your application. This statement should outline your commitment and contribution to general practice, GP Training and discuss your interest in WAGPET and its vision.

--

This application is proposed by:

(As a current member of WAGPET)

Name:

Signature:

This application is seconded by:

(As a current member of WAGPET)

Name:

Signature:

OFFICE USE ONLY

Application presented to Nomination & Governance Committee Meeting (date):

Application: *(please check appropriate box)*

Accepted

Rejected

Signature of NAG Chair: