



Riverland Division of General Practice Inc.

RIVERLAND DIVISION OF GENERAL PRACTICE

# Membership Registration Form

GP MEMBERSHIP

ASSOCIATE MEMBERSHIP

## Personal Details:

Surname

First Name

Date of Birth

Residential Address

Postcode

Postal Address

Postcode

Telephone

home

business

mobile

Email Address

Country of origin

Nationality

Religion

Any special dietary or medical considerations

Languages spoken

Social, sporting or other interests

## Professional Details:

Date commenced practicing in the Riverland

Presently working at (*practice name*) and start date

Position held within practice. Please tick.

- GP  
  Medical Student  
  Registrar  
  Practice Manager  
 Practice Nurse  
  Clerical Staff  
  Allied Health

RACGP/ACRRM Number

Graduation details:

When

Where

Qualifications

Areas of professional interest

Procedural skills

Upskilling/CPD priorities

Non medical qualifications/training

Professional representation on other boards/committees  
(*eg RWDA, FURCS, HACs*)

Current social/community organisation membership  
(*eg service or sporting clubs*)

Your Signature

I agree to the terms and conditions of this application.  
Please type your name here when submitting electronically.

Date



Riverland Division  
of General Practice Inc.

RIVERLAND RURAL MEDICAL FAMILY NETWORK

# Membership Registration Form

FOR PARTNERS AND FAMILIES OF RDGP MEDICAL MEMBERS

Name of RDGP Member

### RMFN member registration details:

First Name

Date of Birth

 

Occupation

Languages spoken

Any special dietary or medical considerations

Employer

### Children (dependant details)

Name

Date of Birth

 

Name

Date of Birth

 

Name

Date of Birth

 

Name

Date of Birth

 

Any special dietary or medical considerations

Languages spoken

Residential Address

Postcode

Postal Address

Postcode

Telephone

home

business

mobile

Email Address

Country of origin

Nationality

Religion

Social, sporting or other interests

Your Signature

I agree to the terms and conditions of this application.  
Please type your name here when submitting electronically.

Date



# Photographs

***During events and activities organised by RDGP and Riverland RMFN we may take photographs of our members and/or their families.***

***Traditionally we have used some of these photographs for promotional purposes in our publications, newsletters and on our website.***

***RDGP requires your permission, in writing, to publicise photographs of members and their families. Please complete the consent section of this page and return it to RDGP.***

I .....

give my permission for the Riverland Division of General Practice to take photographs of my family and I.

I understand that these photographs may be used in publications, newsletters or on the RDGP website.

This authorisation remains current until RDGP is notified in writing to the contrary.

Your Signature

I understand and agree to these terms and conditions related to RDGP's use of photographs. Please type your name here when submitting electronically.

Date  /  /