ST GEORGE DISTRICT DIVISION OF GENERAL PRACTICE INC.

Registered Office - C/O 1-3 Queen St Arncliffe NSW 2205



ABN: 90 031 731 806

INVOICE

Please retain this invoice for your tax records

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MEMBER DETAILS									
Doctor Name				RACGP QA N			0		
Practice Address									
Phone						Fax			
Email Address						Mob	oile		
PLEASE NOTE: This membership enables GP members access to CESPHN Educational activities including the Peer Group Learning Program.									
Membership Type		EI	igibility	Membership Year			Year	Membership Fee	Please Select one
General Member		I am a practicing GP I live or work in the St George Area I am a doctor of good standing		01/10/2025 to 30/09/2026			/09/2026	\$150	
Associate Member		If you don't meet the above criteria please register for associate membership. Associate members have access to our educational and social events but do not have voting rights.		01/10/2025 to 30/09/2026			/09/2026	\$150	
GP Registrar				01/10/2025 to 30/09/2026			/09/2026	\$0	
Method of Bank: Account N Account I			Commonwealth Ba St George District I	ase include your name when making a payment ank Division of General Practice Inc. Account No. 1000 9498					
Signed:					Date) :			
Please tick: ☐ I give consent for my photograph to be used by the St George Division of General Practice for social media and the Division newsletter. ☐ I give my permission to share my details with other "board approved" organisations for the purpose of communicating									

Kindly check all details, sign and return the completed document via email to gpdivstg@gmail.com along with your payment confirmation.

with members.