**Full Name­­­** \* Click here to enter name.

**Postal Address**\* No. & Street Click here to enter number & street.

City Click here to enter city.

State Choose a state Postal code Enter code

**Date of birth\*** Click here to enter DOB - DD/MM/YYYY.

**Email** \* Click here to enter email.

**Contact phone numbers**\*

*Please provide at least one contact phone number*

|  |  |
| --- | --- |
| Mobile | Click here to enter. |
| Work | Click here to enter. |
| Home | Click here to enter. |

Area code Phone number

**Membership Category\***

*There are two categories of membership. Please read the descriptions for Member and Associate Member and indicate only one option.*

Member ($100)

Medical Educator, GP Supervisor currently working in AGPT

Medical Educator currently involved in the delivery of general practice medical education in undergraduate, prevocational or other GP training programs (e.g. RVTS)

Medical Educator, GPR Medical Educator, GP Supervisor previously involved in AGPT or its previous programs

GP Registrar Medical Educator

GP Registrar

Cultural Educator ($50)

Associate member ($50)

Non-medical educator currently working in AGPT

Non-medical educator currently involved in education in undergraduate, pre-vocational or other GP training programs (e.g. RVTS)

Non-medical educator with previous experience within the AGPT or its previous programs

RMO/intern

Medical Student - Free

**Your role**

Please indicate the current Regional Training Organisation that you are mainly affiliated with, (or choose not applicable)\*:

Choose an organisation.

Please provide details of your current role, and previous experience in other general practice / medical education roles.\*

|  |
| --- |
| Click here to enter details. |

Please indicate your areas of interest/skill. (Can choose more than one answer)

|  |  |
| --- | --- |
| Aboriginal and Torres Strait Islander Health | Medical Educator Supervisors |
| Advocacy | Project management |
| Governance | Remediation |
| IT / Social media | Working with diversity |
| Legal/medico-legal |  |
| Medical Educator CPD | Other *(including medical interests)* |
|  | Please specify. |

Please indicate in what way you would like to support GPME Inc. (Can choose more than one answer)

|  |  |
| --- | --- |
| Aboriginal and Torres Strait Islander Health | Policy development |
| Advocacy | Project work |
| Governance | Subcommittee –Education |
| IT / Social media | Subcommittee –IT |
| Mentoring new educators | Other |
|  | Please specify. |

**Membership Fee\***

Please indicate the annual fee for your membership category:

Member - $100

Member – Cultural educator - $50

Associate member - $50

Associate member – Medical student – Free

Hardship – I would like to join but wish to discuss a reduced fee

As a newly formed incorporated association, your support through an additional contribution is welcome, but not expected.

I would like to support GPME Inc through an additional contribution.

|  |  |  |  |
| --- | --- | --- | --- |
| $50 | $100 | $150 | Other |
|  |  |  | Please specify. |

I will send my membership annual fee +/- an additional contribution by\*:

Not applicable (student)

Cheque made payable to General Practice Medical Education Inc.

Postal address - GPME Inc Secretary

85 Moray Rd

Glen Forrest WA 6071

Bank Transfer to

Account name – General Practice Medical Education Inc.

BSB 084-424

Account number 95-933-2697

*Please remember to include your name in the reference area when transferring funds*

**Declaration\***

*Please tick the declaration statement to indicate acceptance*

I declare that the information I have provided is true and correct and that I support the purposes of GPME Inc and agree to comply with the GPME Inc Association Rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter date DD/MM/YYY.

Signature (required only if completed and posted) Date

*Thank you for your application to join General Practice Medical Education Inc (GPME Inc*.)