**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*.)