

## SECTION 1: YOUR DETAILS

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Associated with:  GP Access After Hours  Hunter Surgical Society  NOGS QA/ACRRM/PN No \_\_\_\_\_

Your Health Profession \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Nos. \_\_\_\_\_  
BUSINESS PRIVATE MOBILE FAX

Email address \_\_\_\_\_ Preferred Method of Receiving Information  Email  Mail

## SECTION 2: PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE

- Are you willing to Speak at HPMI meetings?  Yes  No  
 If yes, are you prepared to travel?  Yes  No
- Are you interested in joining HPMI's Program Committee?  Yes  No
- PRIVACY ISSUES**  Yes  No  
*I am happy for my business contact details to appear on the Medical Directory of HPMI's website and in Booklet of Specialists. These details may also be used for other HPMI Executive approved purposes*
- Signature (if yes to Question 3) \_\_\_\_\_

## SECTION 3: MEMBERSHIP APPLICATION

I wish to apply for **COMPLIMENTARY MEMBERSHIP**  Health Student (type \_\_\_\_\_)  JMO (type, eg Intern or RMO \_\_\_\_\_)

INDIVIDUAL MEMBERSHIP (select Category below)	
Specialist Gold	<input type="checkbox"/> \$330
GP Platinum	<input type="checkbox"/> \$330
Registrar	<input type="checkbox"/> \$220
AHP Gold	<input type="checkbox"/> \$220
Online	<input type="checkbox"/> \$220
Benefactor Donation	<input type="checkbox"/> \$ _____

GROUP MEMBERSHIP (Select Category below)		
	PLATINUM	GOLD
Specialist	<input type="checkbox"/> \$2200	<input type="checkbox"/> \$660
GP Practice team	<input type="checkbox"/> \$1100	-
AHP	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$330
Online	-	<input type="checkbox"/> \$330
Benefactor Donation	<input type="checkbox"/> \$ _____	

### I WISH TO REGISTER FOR (select Meetings below)

	ALS	WOMEN'S HEALTH DAY	PAEDIATRIC & NEONATAL RESUSCITATION	TRAVEL HEALTH & VACCINATION	ALS	CPR	ABORIGINAL HEALTH CARE	PRACTICAL MANAGEMENT	INDUSTRIAL RELATIONS	GERIATRICS	HAND CLEANSING
	02.09.17	16.09.17	19.09.17	21.09.17	14.10.17	17.10.17	19.10.17	21.10.17	26.10.17	ONLINE	ONLINE
<b>2017 MEMBERS</b>											
COMPLIMENTARY	<input type="checkbox"/> \$500	<input type="checkbox"/> FREE	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> \$500	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
GP Platinum & AHP	<input type="checkbox"/> \$500	<input type="checkbox"/> FREE	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> \$500	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
Specialist Gold	<input type="checkbox"/> \$500	<input type="checkbox"/> FREE	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> \$500	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> \$110	<input type="checkbox"/> FREE
Online		<input type="checkbox"/> FREE	<input type="checkbox"/> \$77			<input type="checkbox"/> \$77				<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
<b>NON MEMBERS</b>	<input type="checkbox"/> \$500	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$77	<input type="checkbox"/> \$500	<input type="checkbox"/> \$110	<input type="checkbox"/> \$77	<input type="checkbox"/> \$110	<input type="checkbox"/> \$77	<input type="checkbox"/> \$220	<input type="checkbox"/> \$22
Non Member AHPS			<input type="checkbox"/> \$110	<input type="checkbox"/> \$77		<input type="checkbox"/> \$110	<input type="checkbox"/> \$77	<input type="checkbox"/> \$110	<input type="checkbox"/> \$77		
Streaming In for Meeting		<input type="checkbox"/> \$110									
Doctors' Memoirs Donation	<input type="checkbox"/> \$ _____										
<b>TOTAL \$</b>	<input type="checkbox"/> \$ _____										

## SECTION 4: PAYMENT OPTIONS

- I AM ENCLOSING A CHEQUE made payable to University of Newcastle (HPMI)  I WISH TO PAY ONLINE please go to [www.hpmi.org](http://www.hpmi.org)
- DIRECT DEBIT please call HPMI 49138177  I WISH TO PAY BY PHONE please call HPMI 49138177

<b>TOTAL ENCLOSED</b> \$ _____
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I would like a CERTIFICATE OF SUPPORT as a HPMI Member  I would like to receive a copy of HPMI's 2016 Annual Report via email  or mail

## SECTION 5: RSVP - [www.hpmi.org](http://www.hpmi.org) POST : HPMI, The Station 2, University of Newcastle Callaghan FAX 49138763

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_