

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. _____

Email address _____ Preferred Method of Receiving Information Email Mail

BUSINESS

PRIVATE

MOBILE

FAX

SECTION 2: PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE

1. Are you willing to Speak at HPMI meetings? Yes No
If yes, are you prepared to travel? Yes No

3. 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

2. Are you interested in joining HPMI's Program Committee? Yes No

4. 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)

	MANAGEMENT OF THORACOLUMBAR PAIN	CPR	GETTING A GREAT JOB IN NURSING	THE BIG THREE	TRIAGE	HPMI NEWCASTLE WEEKEND		
	23.06.17	31.08.17	27.07.17	27.07.17	17.08.17	August Weekend	Sat 5	Sun 6
2017 MEMBERS								
COMPLIMENTARY	<input type="checkbox"/> FREE	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> \$55	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
GP Platinum & AHP	<input type="checkbox"/> FREE	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> \$55	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
Specialist Gold	<input type="checkbox"/> FREE	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> \$55	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
Online				<input type="checkbox"/> \$55	<input type="checkbox"/> \$77	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
NON MEMBERS	<input type="checkbox"/> FREE	<input type="checkbox"/> \$110	<input type="checkbox"/> \$77	<input type="checkbox"/> \$55	<input type="checkbox"/> \$110	<input type="checkbox"/> \$330	<input type="checkbox"/> \$165	<input type="checkbox"/> \$165
Non Member AHPS	<input type="checkbox"/> FREE	<input type="checkbox"/> \$110	<input type="checkbox"/> \$77	<input type="checkbox"/> \$55	<input type="checkbox"/> \$110	<input type="checkbox"/> \$220	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110
Doctors' Memoirs								
Donation	<input type="checkbox"/> \$ _____							
TOTAL \$	<input type="checkbox"/> \$ _____							

GERIATRICS	HAND CLEANSING
ONLINE	ONLINE
<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
<input type="checkbox"/> \$110	<input type="checkbox"/> FREE
<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
<input type="checkbox"/> \$220	<input type="checkbox"/> \$22
ONLINE \$ _____	

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
- DIRECT DEBIT please call HPMI 49138177
- I WISH TO PAY BY PHONE please call HPMI 49138177

TOTAL ENCLOSED \$ _____

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; ONLINE www.hpmi.org POST : Cnr Frith & Gavey Streets, Mayfield 2304 FAX 49138763

SIGNATURE: _____ DATE: _____