

GP Synergy Membership Form



Please use this form to apply for Membership to GP Synergy (the Company).

PLEASE NOTE: an individual is not eligible for admission as a member of the Company.

Please complete, sign and return to GP Synergy: Fax - 02 9818 3311

Company details

Association / Entity / Body Name		
ACN		
Corporate Structure e.g. Limited by Guarantee; Incorporated Association		
Business address Street		
Suburb		
State		
Postcode		
Postal address (<i>as above</i> YES / NO) Street		
Suburb		
State		
Postcode		
Please briefly describe your organisation's business interest		
Please briefly describe your reasons for application for membership		

Contact names/details:

Chair

Name		
Phone		
Mobile		
Email		
Postal address		

CEO / primary contact person

Name		
Phone		
Fax		
Mobile		
Email		

Primary contact person (if other than CEO please list)

Name		
Phone		
Fax		
Mobile		
Email (Principal Contact)		
CC recipient of correspondence/email address (optional)		

Approved representative (*optional - can be provided later)

Name		
Phone		
Fax		
Mobile		
Email		
Postal address		

** is duly appointed to represent and/or vote on the members behalf at general meetings unless a proxy representative is appointed by the Member or a vote is directed by the member.*

_____ (name of company) hereby applies for membership for GP Synergy.

We agree to be bound by the Constitution and aims of GP Synergy.

Signed:

Printed Name: (being authorised to sign on behalf of the organisation listed above)

Date:

Signed by Witness:

Printed Name:

Signed at:

Date:
