

# 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. Applications received will be considered as soon as practicable and admission or rejection of the applicant is at the sole discretion of the Directors.

Please return this application to:

Company Secretary  
E secretary@gpsynergy.com.au | P 02 8321 4000 | F 02 9756 5755  
A Level 2/36-42 Chippen St Chippendale, NSW 2008

## Company details

Company name:	
ACN:	
Corporate Structure e.g. Limited by Guarantee; Incorporated Association	

## Business address

Street:	
Suburb:	
State:	
Postcode:	

## Postal address

Leave blank if details are the same as above

Street:	
Suburb:	
State:	
Postcode:	

## 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)	

## General

Applications that do not provide a reasonable amount of detail may be rejected. Please ensure that you provide a clear and concise response as some directors who consider this application may not be aware of your business.

Please describe your organisation's business interest.

Please describe your reasons for application for membership.

How do you meet the objectives as specified in GP Synergy's Constitution?

Please provide detailed information regarding the organisation's business interests.

## Approved representative\*

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:	