



North East Valley Division of General Practice Ltd.

Level 1, Pathology Bldg, Repatriation Campus, A&RMC
Heidelberg West VIC 3081

Telephone: (03) 9496 4333

Facsimile: (03) 9496 4349

Dear Practice Nurse/Practice Manager,

Following a decision of the Division's Board of Directors, we invite any practice manager or practice nurse working at a general practice in the North East Valley Division to complete the attached form to become an Associate Member of the Division and to be included on our distribution and invitation lists. This means you will be able to receive our newsletters and invitations to educational and networking events.

Staying up to date

To receive practice support newsletters, bulletins and updates, and regular invitations to **educational and networking events**, please complete the **Contact Details form** and return to us Fax 9496 4349, or contact us on ph 9496 4333 or email nevdgp@nevdgp.org.au.

We will use your contact details for our distribution lists, such as:

- Practice Support Newsletter and emails
- Invitations to professional development
- Invitation to the Annual General Meeting
- Practice level details to approved organisations (eg specialists, health service providers)

North East Valley Division is committed to protecting the privacy of your personal information. In compliance with the Privacy Amendment (Private Sector) Act 2000 our Privacy Policy adheres to national privacy principles. Please phone 9496 4333 for a copy of the Policy.

As an Associate member you:

- Add your support to a pro active and general practice focussed organisation
- Are welcome to our yearly AGM
- Will have access to focussed education & training offered by the division

Mailing Address:

North East Valley Division of General Practice, Locked Bag 1, A&RMC, Heidelberg West 3081

Associate Contact Details

Complete this section if you are:

- A Practice Manager/ practice nurse wanting to become an Associate Member of the Division

TITLE: Mrs / Ms / Miss / Mr /Dr

SURNAME: _____ **GIVEN NAME:** _____

PHONE: _____ **FAX:** _____

PREFERRED EMAIL: _____

HOURS: Full time Part time

POSITION: Div 1 Div 2 Practice Manager
Other (please specify) _____

PRINCIPAL PRACTICE: NAME: _____
ADDRESS: _____

OTHER PRACTICE: NAME: _____
ADDRESS: _____

MY PREFERRED MAILING ADDRESS: Home Practice 1 Practice 2

(for all correspondence from the Division)

SHOULD YOUR CONTACT DETAILS OR PLACE OF WORK DETAILS CHANGE AT ANY TIME, PLEASE ADVISE US TO KEEP OUR RECORDS UP TO DATE.