

Practice Manager Associate Membership Form

Complete this application if you are a Practice Manager:

Please Note: a practice nurse wanting to become an Associate Member of the Division should complete the "NEVDGP Practice Nurse Associate Membership Form", found on the NEV website – About Us/Contact Us.

TITLE: Mrs / Ms / Miss / Mr /Dr

SURNAME: _____ **GIVEN NAME:** _____

PHONE: _____ **FAX:** _____

PREFERRED EMAIL: _____

HOURS: Full time Part time

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.