

Associate Membership Application Form

For Interns, Registrars, Non-GP Health Service Providers, Allied Health Professionals, Specialist Medical Practitioners & International Medical Graduates

The following information is collected to allow Sonder to gain a better understanding of general practice and the community. It assists us to maintain our database and develop products and services to influence key decision makers in government and business as well as assisting in the formation of specialist interest groups.

Sonder abides by its privacy policy and does not release this information to any third parties.

Associate Membership

Personal Details

Title: _____ Surname: _____

First Name(s): _____

Email: _____

Postal Address: _____
 _____ Postcode: _____

Contact Number: _____

Gender: Male Female

QI CPD Number: _____ Provider No: _____

Affiliated Body: _____

(Tick as many applicable)

Practice Staff

Practice Manager

Nurse (please specify RN/EN or Practice Nurse) _____

Dentist

Community Health

Student/Registrar

Indigenous Health

Specialist/Consultant (please specify specialty) _____

Other (please specify) _____

Organisation Information

Primary Practice: _____

Physical Address: _____
 _____ Postcode: _____

Practice Phone: _____ Practice Fax: _____

Practice Email Id: _____

Secondary Practice: _____

Physical Address: _____
 _____ Postcode: _____

Practice Phone: _____ Practice Fax: _____

Practice Email Id: _____

 Signature

_____/_____/_____
 Date

Membership Features

Being an associate member of Sonder gives you preference in regards to events and training sessions as well as other benefits.

Free

CPD training (selected events)

Monthly newsletters

Access to fortnightly Education Snapshot

Access to Practice Managers Network

Access to Practice Owners Network

Access to Northern and Southern Nurse Networks

Reduced Cost

CPD training

Initial Practice visits to new members

Advertising in newsletters

Office Use

Membership status:
 Full Associate

Board Approval:
 Yes No

CRM Updated: Yes No

Membership Letter Sent:
 Yes No