

The Fiji College of General Practitioners

Application for Membership

1	NAME						
2	GENDER						
3	DATE OF BIRTH						
4	ADDRESS						
		PRACTICE			RESIDENCE		
	PHYSICAL ADDRESS						
	PHONE						
	MOBILE						
	FAX						
	POSTAL ADDRESS						
	EMAIL ADDRESS						
5	CLASS OF MEMBERSHIP						
6	QUALIFICATIONS						
	QUALIFICATION		INSTITUTION		YEAR		
7	REGISTRATION						
	REGISTERING BODY			REGISTRA	REGISTRATION NO.		
8 CURRENTLY PRESCRIBED JOURNALS							
9	AREA OF SPECIAL INTEREST						
10	POSTGRADUATE WORK EXPERIENCE						

-

11	DECLARATION							
	I,, (Name) SEEK TO BECOME A MEMBER OF THE COLLEGE AND I WILL ABIDE BY THE RULES, REGULATIONS AND ALL NECESSARY STATUTORY REQUIREMENTS GOVERNING THE COLLEGE.							
	SIGNATURE OF APPLICANT	DAT	E					
PLEA	PLEASE ENCLOSE A COPY OF:							
CURRICULUM VITAE REGISTRATION CERTIFICATE PRESCRIBED FEE PAYABLE TO THE COLLEGE PROOF OF CITIZENSHIP OR WORK PERMIT LETTER OF GOOD STANDING FROM RELEVANT MEDICAL COUNCIL								
OFFICIAL USE ONLY								
(a) F	EE PAID	(b) RECEIPT NO.		(c) DATE				
(d) COMMENTS								
(e) ACCEPTED REJECTED								
SIGNATURE			DESIGNATION					
DATE								