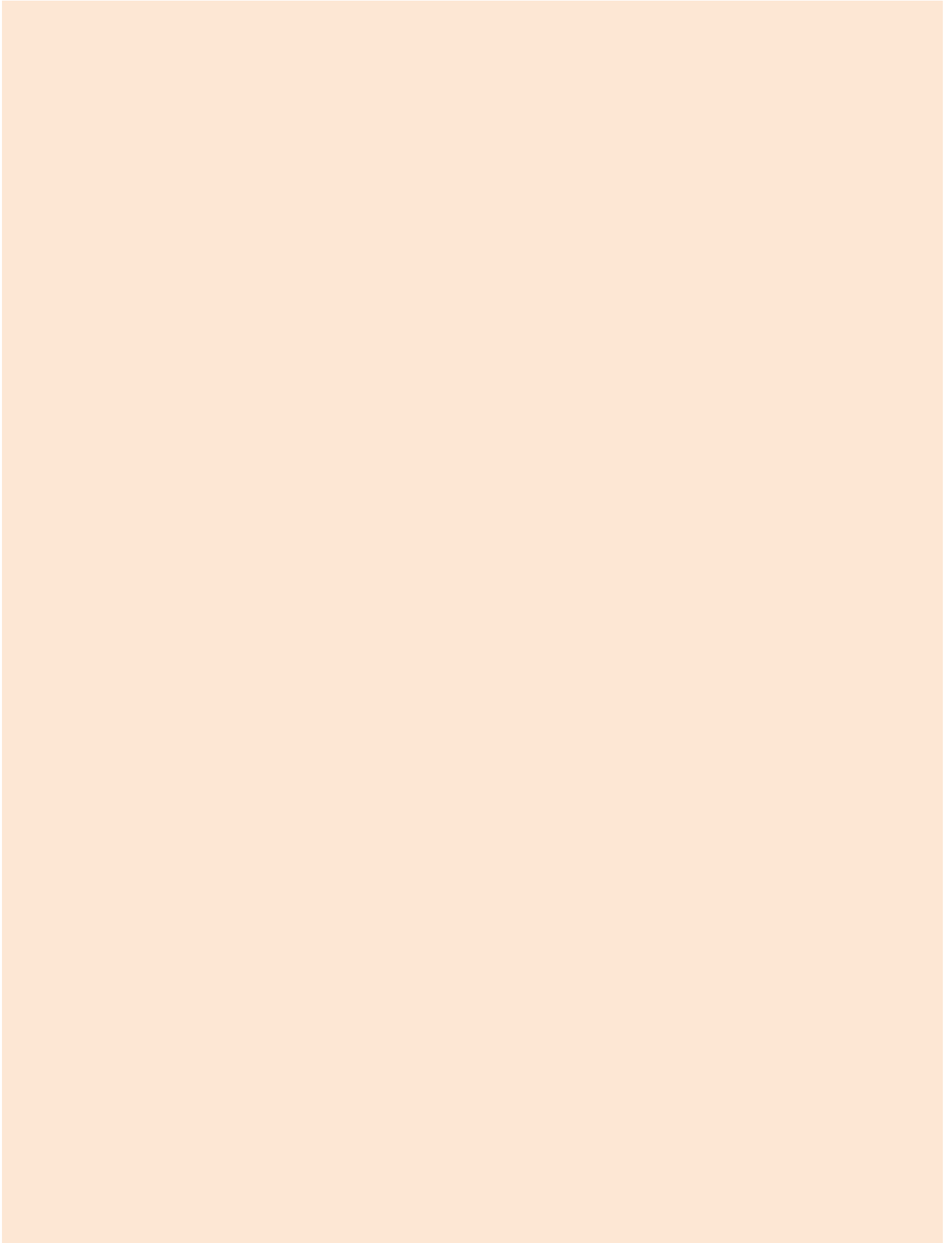


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Medical registration:

Date of registration in New Zealand:

MCNZ reg. no:

Type of registration: Provisional General Vocational Other (please specify):

Please briefly explain your reasons for applying for membership:

If you are rejoining, please outline the medical-related work and activities you have been involved in since leaving the College:

Do you consider yourself 'engaged in general practice and/or working in a rural hospital'? Yes No

If you answered 'No', are you intending to be engaged in this work? Yes No

What are your present positions or appointments in all fields and how is your time divided (in tenths of a working week to a maximum of 10 tenths):

Would you like to be part of the Rural General Practitioners' Chapter ? Yes No

Would you like to be part of The Division of Rural Hospital Medicine ? Yes No

Would you like to be part of the Registrars' Chapter? Yes No

Would you like to be part of the Pacific Chapter ? Yes No

If you are of Māori descent, would you like to join, or learn more about, the representative group Te Akoranga a Māui? Yes No

Terms and conditions

- By becoming a member of the RNZCGP, you agree to uphold and promote the objects of the College.
- As a member, you agree to abide by the [RNZCGP Rules](#).
- You agree to keep the RNZCGP informed of any changes of address and other contact information and of changes in your position or employment.
- Submitting this application means you accept liability for the subscription payment once invoiced. RNZCGP membership is individual and membership remains with you, regardless of your employment or who funds your membership.
- Your RNZCGP membership commences on the date your application is accepted and your fees will cover the period until the following 31 March, at which time you will be invoiced for the next year's fees at the rate then applying, unless you formally resign your membership. Should you resign, all outstanding fees and levies must be paid in full.

Signature of applicant:
(or signed electronically)

Date: