



1 02 4227 3251

Call Centre 02 4228 5522

**02 4204 9049** 

a enquiries@radiodoctor.com.au

Proudly AGPAL Accredited Our commitment to your safety and care

#### WOLLONGONG MEDICAL SERVICE COOPERATIVE LIMITED

# MEMBERSHIP APPLICATION/RENEWAL

### To join please follow these steps

- 1. Decide if you wish to join as an individual or as a whole practice.
- 2. Complete the attached 'Application for Shares Form'. This must be signed by the applicant Doctor or Practice Principal.
- 3. Complete the attached 'Membership Information Form'.
- 4. As your subscription fees will be based on the relative size of your practice you must provide either Standardised Whole Patient Equivalent (SWPE) figures or FTE equivalent figures\* for the previous 3 months.
  - \* If your practice is registered for Practice Incentive Payments (PIP) then your SWPE figures are available from Department of Human Services Practice Incentives Program phone 1800 222 032. SWPE figures are used to determine your quarterly After Hours Practice Incentive Payment.

If you do not know your SWPE you can instead provide your Full Time Doctor Equivalent (FTE) figure for the previous 3 months.

A full time doctor is assumed to work 40 hours per week; simply total up the number of hours all doctors work in your practice in an average week and divide by 40.

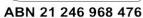
5. Once the form/s are completed please return by post, fax or email to:

PO Box 214, Fairy Meadow, NSW 2519

Fax: 02 4204 9049 Email: generalmanager@radiodoctor.com.au

- 6. Once your application is received and accepted, you will then be sent an invoice for the \$50 shares and the next three months subscription fees charged at \$1.84 per SWPE.
- 7. Once payment is received, we will confirm your membership in writing, and you will be sent membership poster and promotional materials for distribution to your patients.









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## **APPLICATION FOR SHARES**

WOLLONGONG MEDICAL SERVICES CO-OPERATIVE LIMITED Trading as RADIO DOCTOR ILLAWARRA Incorporation No: 000587

Ι,		
	(Insert Name/s of Practice Principal/s)	
of		
	(Insert Name of Practice)	
Located	lat	
	(Insert street address of Practice)	
Uoroby	amply for the issue of FO andings, shows in the Wallangung Madical Samine Co. anarotive	
•	apply for the issue of 50 ordinary shares in the Wollongong Medical Service Co-operative as an (tick box):	
Limited		
	Individual Member [ ]	
	Body Corporate (Practice) Member [ ]	
I AGREE	to accept the said shares allotted and to be bound by the Rules and Regulations (available	
from the office) of the Co-Operative and HEREBY AUTHORISE my name/practice name to be		
placed o	on the Share Register of Members in respect of the said shares	
	Signed:	
	0.00	
	Date:	
OFFICE	<u>USE ONLY</u>	
	Agreed to allot 50 Shares as per application	
	Entered in Share Register of Members	
	Share Certificate	
	issuedPosted	







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### WOLLONGONG MEDICAL SERVICE COOPERATIVE LIMITED **MEMBERSHIP INFORMATION FORM (CONFIDENTIAL)**

I wish to join/rejoin as a (please tick option): Practice Member [ ] Individual Member [ ]  Practice Name:  Name and after hours contacts of Doctor/s:					
				DOCTORS NAME/S	Mobile Phone number *
				1.	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
L *Under AGPAL accreditation, as a medical deputising se details in case our locum doctor or office needs to conto	ervice we are required to have member doctor's after hours contact act you about one of your patients.				
Standardised Whole Patient Equivalent (SWPE) for	or previous 3 months:				
or if SWPE is not known, fill out	FTE below				
Full Time Equivalent (FTE) doctors for previo	us 3 months:				
Postal Address for Correspondence:					
Practice Email Address:					
Practice Phone Number:	Practice Fax Number:				
Practice HealthLink EDI (so we can send patient	t reports electronically to you):				
Practice Manager's Name:					
Signed:	Date:				
Please return by post, fax or sca	nn & email to: PO Box 214, Fairy Meadow, NSW 2519 : generalmanager@radiodoctor.com.au				

