

# 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.**