



North Shore

Division of Family Practice

MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

Are there particular issues that you would like to see the Division address?

Are you interested in committee participation? (hourly remuneration)

Yes _____ No _____

Signature _____ Date _____

Thanks for your interest, we look forward to working with you.

Members are expected to abide by the Bylaws and Constitution of the North Shore Division of Family Practice Society.

Note: All information is handled in conformance with PIPA guidelines.