



MEMBERSHIP DIRECTORY LISTING

Dr _____
(First Name) (Surname)

Name of Practice _____

Address _____

_____ P/C _____

Telephone _____ Facsimile _____

Mobile _____ Email _____

Website _____

Craft Group (eg. GP, Pathology, Surgery) _____

Specialising In _____

Leisure, Sporting, Hobbies, Interests _____

**RETURN BY FAX TO
5575 7551**



AMA AFFILIATED
PO Box 2163, Southport Q 4215
T: (07) 5575 7054 F: (07) 5575 7551
info@gcma.org.au ABN: 91 987 006 569