***APPLICATION FOR MEMBERSHIP IN THE PRINCE GEORGE***

***DIVISION OF FAMILY PRACTICE (PGDoFP)***

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| **Personal Information**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_ MSP Number: \_\_\_\_\_\_\_\_\_\_Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred method of communication: □ Cell phone □ E-Mail □ Telephone □ FaxAffiliation with any other Division? If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The type of practice I am currently involved in (e.g. full service family practice, ED, locum, etc.) is:

🞏 Full Service Family Practice 🞏 Emergency Dept.

🞏 Locum: \_\_\_ Full Service \_\_\_ Emergency Dept.

🞏 Other (e.g. Family Practice Residency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The most valuable skill I have to contribute to the Division is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I would be interested in participating in:

🞏 Inpatient Doctor of the Week Program (IDOW)

🞏 Complex Residential Care Physician Program

🞏 Division Board or Committee Member

🞏 Physician Engagement/Communications

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that your signature below acknowledges that you will uphold the Constitution and Bylaws of the Prince George Division of Family Practice (see website for Bylaws), and that you may appear in photos taken at member and other events, which may be used in communications or webpages.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by (Board Signatory) Date

***Please return this application form via e-mail (princegeorge@divisionsbc.ca) or by fax (250-561-0124). Thank you.***

***WHAT IS THE PRINCE GEORGE DIVISION OF FAMILY PRACTICE?***

A Community of Family Physicians:

* With common goals and the same geographic area.
* Currently discussing/contemplating common issues impacting patient care in our community.
* Interested in working as partners with their health authority and community partners
* Have a practice or participate as a Primary Care Physician providing comprehensive care

***WHO IS ELIGIBLE TO JOIN THE DIVISION OF FAMILY PRACTICE?***

*Be It Resolved* that membership for the Prince George Division of Family Practice be inclusive and available to all Family Physicians practicing primary care in the community.

~ November 9th, 2009

***WHY WOULD I WANT TO BE PART OF THE DIVISION OF FAMILY PRACTICE?***

Participation in the PGDoFP offers a number of benefits, including:

* Increased job satisfaction through participation in an enhanced and supported professional community of family practitioners
* Increased ability to advocate for the needs of patients and for yourself and your colleagues
* More support from colleagues in caring for complex or unattached patients