

SCLMA WEBSITE - MEMBER DIRECTORY

Are you interested?



SAMPLE:

	PRACTICE (<i>& address</i>)	PHONE	FAX	WEBSITE
CARDIOLOGY				
Dr John SMITH				
Dr Tom BROWN <i>Interventional</i>				
GENERAL PRACTICE				
Dr Penny SMITH <i>Women's health</i>				
Dr Betty BROWN				

YOUR DETAILS

Return with your membership renewal or fax to 5479 3995

Please supply **ONLY** information you give consent to be published
on the SCLMA website directory (public domain)

(Title)

(First Name)

(Surname)

Name of Practice _____

Address _____

Suburb _____ P/C _____

Telephone _____ Facsimile _____

Website: _____

Specify category for your listing: (e.g. General Practice, Gynaecology, Cardiology, Anaesthetics)

Special Interests: _____

**RETURN IN ENVELOPE PROVIDED
OR FAX TO 5479 3995**