



Diagnostic Medical Co-operative Limited

Trading Co-operative Registered under the Co-operative ACT of NSW 1992, ABN 63 872 017 698

Dr / Prof

Date Of Birth:

Medical Registration No:

Practice Address [1]

Provider No Address [1]

Practice Address [2]

Provider No Address [2]

Residential Address:

Post Code

State

Telephone:

Fax:

Mobile:

Email:

Preferred method of correspondence:

Email Fax Post

Postal Address (Correspondence)

Post Code:

State:

SHARE AND MEMBERSHIP FEES

I hereby apply to be accepted and registered as a Member of DMCL and to be allocated and allotted 5,000 \$1 Shares in DMCL. I understand that pursuant to Rule 21 of the Diagnostic Medical Co-operative Limited (MINIMUM SHAREHOLDING), a Member must hold a Minimum of 5,000 \$1 Shares.

I understand and agree that upon acceptance of my Application for Membership and the allocation and allotment to me of the 5,000 \$1 Shares above mentioned, that the amount of \$500.00, which represents 10% of the Nominal Value of the 5,000 \$1 Shares which have been allocated and allotted to me, is immediately payable by me to DMCL. (Please complete payment option attachment)

I understand and agree that my Application for Membership is subject (on request of the Board of Directors of DMCL) to supply of a copy of my Annual Medicare Statement (Statistics) in relation to the last calendar year prior to the calendar year in which I make or have made this Application for Membership and that I must do so within fourteen (14) days of such request.

I also hereby acknowledge and irrevocably agree that any monies whatsoever due, payable or owing by me to DMCL at any time in the future may be deducted by DMCL from any monies whatsoever due or payable to me in the future as a Member of DMCL.

I agree to be bound by the Rules of DMCL if my Application for Membership is accepted.

Signature of Applicant

Date