

Membership Application

Details of Organisation

Name of Organisation:

Primary Location/Address:

Postal Address:

Other campuses/sites (if applicable):

Brief description of service type:

Name of CEO (or equivalent):

Telephone:..... Mobile:..... Fax:

Email:

Details of Organisation Primary Contact

Member Organisations will be represented by the CEO or a Senior Manager on the General Committee.

Name of Primary Contact:

Position Title:

Telephone:..... Mobile:..... Fax:

Email:

Postal Address:

Membership Level

Please select your preferred Membership Level (refer to page 2 for more information):

- Level 1 – Full Member
- Level 2 – Affiliate Member
- Level 3 – PCP Subscriber

Please also complete the Member Agreement provided with this application form.

Summary of Rights and Responsibilities Associated with Membership

	Committee M/ship	General Committee Voting Rights	Minimum Attendance Requirement	Eligibility for Official Roles	Benefits (eg. free/ subsidised events)	Contribute to strategic planning	Event attendance	Information / Notifications
Full Membership	✓	✓	✓	✓	✓	✓	✓	✓
Affiliate Membership	✓	✗	✗	✗	✓	✓	✓	✓
PCP Subscriber	✗	✗	✗	✗	✗	✓	✓ (Charges may apply)	✓

For details of rights and responsibilities, please refer to Section 7 of the Partnering Agreement.

Member Agreement

This form must be signed by the CEO (or equivalent) of the applying organisation.

As the authorised representative of
(insert legal name of organisation), I have seen and understand the Upper Hume Primary Care Partnership Partnering Agreement ('the Agreement') and acknowledge that by signing this document the organisation shall also be deemed to have signed the Partnering Agreement.

Name of Representative (please print):

Position Title:

Signature:

Date:

Name of Witness (please print):

Signature:

Date:

Please submit **both** the Membership Application and Member Agreement via fax, post or hand delivery, **marked for the attention of the Executive Officer, Upper Hume PCP**.

Fax: 02 6024 5792

Post: PO Box 1151 Wodonga Vic 3689

Hand delivery: UHPCP c/- Gateway Community Health, 155 High Street Wodonga

This Application for Membership has been accepted.

Signed on behalf of the Upper Hume PCP by (print name)

Position Title:

Signature:

Date:

A copy of the signed Application will be provided to the Organisation upon acceptance.