

# Western Victoria Primary Health Network Limited

## Membership/Associate Application Form

### Individual Representative



I, \_\_\_\_\_ (Full name and title)

Practice name: \_\_\_\_\_

or

Local Hospital Network: \_\_\_\_\_

Address: \_\_\_\_\_

Region: \_\_\_\_\_

Health Profession: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email: \_\_\_\_\_

wish to apply for Membership/Associate of Western Victoria Primary Health Network Limited. I understand that the Organisation is governed by a Constitution and that Membership/Associate is free. I understand the implications of being a Company Member/Associate as described in the Constitution, and undertake to inform the Company if my Member/Associate eligibility criteria changes. I am committed to working in an integrated primary care system in the Western Victoria region.

#### 1) Membership Category:

I am eligible for membership in the following category:

- 1. **A person who is a private practitioner practicing in primary health care in the Western Victoria Region who is registered with AHPRA and who commits to working in an integrated primary care system.** (Please provide a copy of AHPRA Registration)
- 2. **A designated individual representative of the Local Hospital Network (LHN).**  
Please provide a letter signed by the representative LHN Chair or CEO, endorsing application
- 3. **Other Persons:**
  - a) Allied health private practitioners who are recognised/registered by Medicare.
  - b) Qualified health professionals who are members of a professional association registered with Allied Health Professions Australia (AHPA). (please provide copy of qualification and copy of registration with applicable body)
  - c) Practice Managers

#### 2) Associate Category (Non-Member Stakeholder):

- Other non-health professionals providing support or services to Western Victoria PHN or primary care providers in this region (Please attach documentation to support your application).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to:

Email: [memberships@westvicphn.com.au](mailto:memberships@westvicphn.com.au)

Fax: 03 5223 2209

Post: Western Victoria PHN, 131 Myers Street, Geelong Vic 3220

**Please note:** All Applications for Membership/Associate must be considered by the Board of Directors. If your application is successful, you will be advised the outcome following the relevant Board meeting.