

Western Victoria Primary Health Network Limited

Membership/Associate Application Form

Individual Membership Categories

I am eligible for membership in the following category:

Category 1 AHPRA registered private practising	
<input type="checkbox"/>	A person who is a private practitioner practising 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)
Category 3 Other Persons:	
<input type="checkbox"/>	a. Allied health private practitioners who are recognised/registered by Medicare (Please provide copy of qualification and copy of registration with applicable body)
<input type="checkbox"/>	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)
<input type="checkbox"/>	c. Practice Managers
<input type="checkbox"/>	d. Other Persons that the Board may consider aligned to WVPHN and complies with the Constitution.
Associate (Non-Member Stakeholder):	
<input type="checkbox"/>	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)

I 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.

I, (Full name and title) _____

Health Profession: _____

Practice name
(if applicable): _____

Address: _____

- Business
 Private

Contact phone
number: _____

- Business
 Private

Email: _____

- Business
 Private

Signed _____

Date _____

Please return this form to

Email: memberships@westvicphn.com.au

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.