

# Western Victoria Primary Health Network Limited

## Local Hospital Network Designated Individual Representative Application Form

### Local Hospital Network Membership Category

- I am a designated individual representative of the Local Hospital Network (LHN).  
(Please provide a letter signed by the representative LHN Chair or CEO, endorsing application)

I wish to apply for membership of Western Victoria Primary Health Network Limited as a Designated Individual Representative of the LHN:

- I understand that the Organisation is governed by a Constitution and that Membership is free.
- I understand the implications of being a Company Member as described in the Constitution and undertake to inform the Company if my Member eligibility criteria changes.
- I am committed to working in an integrated primary care system in the Western Victoria region.

I, (Full name and title)

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Local Hospital Network:

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Address:

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Contact phone number:

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Business

Private

Email:

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Business

Private

Signed

Date

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### Please return this form to

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

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

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