



PRIMARY MEMBERSHIP

<input type="checkbox"/> General Practitioners	\$110.00
<input type="checkbox"/> Allied Health Professionals	\$110.00
<input type="checkbox"/> Registered and Enrolled Nurses	\$110.00

ASSOCIATE MEMBERSHIP

<input type="checkbox"/> Practice Managers	\$100.00
<input type="checkbox"/> Practice Staff (Package)	\$180.00
<input type="checkbox"/> Practice Staff (Individual)	\$80.00
<input type="checkbox"/> Primary Care Provider	\$80.00
<input type="checkbox"/> Primary Care Organisation	\$100.00

Membership Application Form

CONTACT DETAILS:

Surname:	First:	Initial:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Prof. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Discipline: Registration No: QA or CPD No:
Practice / Organisation:					
Street Address:	Suburb:	State:	Post Code:		
P.O. box:	Suburb:	State:	Post Code:		
Contact Phone: <input type="checkbox"/> Work <input type="checkbox"/> Home	Email: <input type="checkbox"/> Work <input type="checkbox"/> Home	Fax: <input type="checkbox"/> Work <input type="checkbox"/> Home	Mobile: <input type="checkbox"/> Work <input type="checkbox"/> Home		
Home Address:	Suburb:	State:	Post Code:		

PROFESSIONAL DEMOGRAPHICS

Age Group: <input type="checkbox"/> 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60+	Vocationally Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	International Medical Graduate (IMG) <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Practice Staff: <input type="checkbox"/> Practice Manager <input type="checkbox"/> Lead Receptionist <input type="checkbox"/> Receptionist <input type="checkbox"/> Other	(If Other Please Indicate):	Nurses: <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> EN <input type="checkbox"/> EEN	
Average Number of Sessions per Week: <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+	Permission to List details on Web Based Primary Care Provider Network Directory <input type="checkbox"/> Please send more information <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Organisation Details Only		

DECLARATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	I acknowledge that I have read and understood the terms of membership for the SouthEast Primary HealthCare Network as printed on the reverse of this application form.	Signature:
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PAYMENT DETAILS

Chose your preferred payment option:

<input type="checkbox"/> Tax Invoice	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa Card	<input type="checkbox"/> BankCard
Send Invoice To:	Amount \$	Card Number □□□□ □□□□ □□□□ □□□□	Expiry Date □□ / □□	
<input type="checkbox"/> Organisation <input type="checkbox"/> Home Address	Name on Card:		Signature:	

OFFICE USE ONLY

Application date: □□ / □□ / □□	Payment date: □□ / □□ / □□	Board Approved date: □□ / □□ / □□
Processed date: □□ / □□ / □□	Expiration date: □□ / □□ / □□ <i>This date will be 12 months from the date of Board Approval.</i>	

TERMS AND CONDITIONS

Application for membership

Every applicant for membership of the Company (other than the subscribers to the Constitution) shall execute and deliver to the Company an application for membership in such form as the Directors from time to time determine together with the entrance fee (if any) determined by the Directors. Subject to Rule 12, the Directors have the power from time to time to create such classes of Members and to determine the rights and privileges attaching to those classes including but not limited to the voting rights of those Members.

Further information

An applicant for membership shall provide in writing such other information in addition to that contained in the application as the Directors require.

Determination of Directors

The Directors shall determine upon the admission or rejection of an applicant. In no case shall the Directors be required to give any reason for the rejection of any application.

Entrance fee

The Directors may from time to time determine any entrance fee payable by Members on application for membership of the Company and until so determined no entrance fee shall be payable.

Notification of acceptance

When an applicant has been accepted for membership the Secretary shall forthwith send to the applicant written notice of his acceptance and shall enter the applicant's name in the Register. When an application is rejected the Secretary shall forthwith send to the applicant written notice of such rejection and the entrance fee paid, if any, by such applicant shall be refunded to him in full.

Certificates

A certificate of membership may be issued by the Company to any Member. Such certificate shall remain the property of the Company and on demand in writing by the Secretary shall be returned to the Company.

Membership not transferable

Membership of the Company shall not be transferable whether by operation of law or otherwise and all rights and privileges of membership of the Company shall cease upon the Member ceasing to be such whether by resignation, death, winding-up or otherwise.

Membership Categories

Members shall be divided into three categories as follows:

- Primary Members – who must be General Medical Practitioners or Registered Health Professionals; and
- Associate Members – any person wishing to support the aims and objects of the Company.

Membership Rights

A Primary Member shall have all the rights conferred on a member by this Constitution including the right to attend and to vote at Annual General Meetings and general meetings of the Company.

An Associate Member shall have all the rights conferred on a member by this Constitution including the right to attend but not to vote at Annual General Meetings and general meetings of the Company.

Fees

Members shall pay annual membership fees and such other fees in such amounts and at such times as the Directors may from time to time determine.

Levies

In order to provide additional funds required for the operation of the company the Directors may determine that levies are to be paid by Members and may fix the amount and the dates for payment thereof but until so determined no levies shall be payable by Members.