

APPLICATION FOR

MEMBERSHIP

EAST GIPPSLAND PRIMARY HEALTH ALLIANCE

1. I/ we **wish** to apply for Membership to the East Gippsland Primary Health Alliance Ltd (by guarantee).

Full Name:

Organisation:

Address: (for correspondence).....

.....

Phone: (Work)..... **Fax:** (Work).....

Email:

Provider Number: (if applicable).....

Professional Board Registration Number: (if applicable).....

MBS Provider Number: (if applicable).....

Professional Affiliations: (others).....

Area of Primary Health Care Interest:

.....

2. DECLARATION :

2.1 Please Tick

- I am a registered General Practitioner currently practicing in Gippsland.
- I am a Registered Health Professional currently practicing in Gippsland.
- I am a Practice Manager/ Practice Nurse of a practice in Gippsland .
- I am a General Practitioner who practiced in Gippsland but is now retired from practice.
- I am a medical specialist currently practicing in Gippsland.
- I am a Allied Health Professional currently practicing in Gippsland.
- Other (Please specify)

2.2

- I acknowledge that the liability of members is limited to the amount of \$10 in the event that the company is wound up.

2.3 Subscription Fee: NIL

SIGNED: DATE:/...../.....

For Office use only

Date presented to Board:/...../.....

Reason not approved:

Approved / Not approved

.....

Membership Status:.....