

PHN Membership Application Form

To the directors

This organisation wishes to apply for admission to membership of the Darling Downs and West Moreton PHN. We support the objects of the PHN and we agree to be bound by the Constitution governing the company.

We have outlined below (Section A) the ways our organisation meets the membership criteria (Section B) and have attached relevant documentation to support our application (e.g. Organisation's Strategic Objectives/ Strategic Plan, Company Objects, Annual Report).

Section A - Organisation details

Organisation name:	
Trading name (if different):	
ACN / ABN:	
Postal address:	
Registered business address:	
Phone number:	
Fax number:	
Email address:	
Website:	

Section B - Key selection criteria

Sector/area of operations within primary healthcare (eg. Aged care, physiotherapy, mental health):	
Organisational structure (eg. incorporated association, company limited by guarantee, etc):	
Summary of activities undertaken in the region (ie evidence of local presence):	
Outline the key reasons your organisation wants to become a member?	
Detail and attach your documentation showing primary health care is a key object of your organisation and/or priority issue in your strategic plan:	
Detail your local footprint in the region, with particular emphasis on primary health care:	



Section C - Nominated member representative

Full name:	
Role:	
Postal address (in Darling Downs and West Moreton region):	
Phone number:	
Fax number:	
Email address:	

Signed and agreed by:

<hr/> <p>Signature of Authorised Officer for and on behalf of the applicant organisation</p> <hr/> <p>Name of Authorised Officer (print)</p> <hr/> <p>Date</p>	<hr/> <p>Signature of Nominated Member Representative</p> <hr/> <p>Name of Nominated Representative (print)</p> <hr/> <p>Date</p>
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