

Individual Membership of Hunter Primary Care Ltd

ACN 061783015



Please Join Us

Hunter Primary Care Limited coordinates and improves the delivery of primary health care services to the community in the Hunter region.

We are keen to expand our membership to:

- clinicians working in primary health care in the region;
- organisations delivering primary health care services; and to
- organisations representing primary health care providers or the community.

So please join us in working to improve the health of the Hunter community. Membership is free.

Individual membership (Primary/ voting membership) is open to Primary Health Care Clinicians.

Organisational membership (currently Associate Membership) is open to any incorporated organisation that wants to support Hunter Primary Care to improve health outcomes for the Hunter community (see separate Organisational Membership form).

INDIVIDUAL MEMBERSHIP

Hunter Primary Care Limited (the Company), is a Company limited by guarantee. This means that it does not have shares or shareholders, but instead it has members. Its governance is carried out by the directors, but by becoming a member you will be entitled to do the following things:

- to attend and vote at general meetings; normally there will be one meeting per year, called the Annual General Meeting or AGM, and you will be given at least three weeks' notice of the place and time of the meeting. We may also need to call other general meetings in exceptional circumstances;
- to receive the annual audited financial accounts of the Company;
- to elect directors by voting in elections or at the meeting;
- to vote on any fundamental changes to the nature of the Company, its name or its purposes, or what happens if it winds up.

You will not be entitled to receive any dividend or other income from the Company.

If the Company makes a surplus this will be retained to help pay for the Company's activities in the following years. If the Company is wound up you will not receive any money from the Company because its Constitution requires that it should be paid to another similar organisation.

The Constitution sets out what the Company can do and why it exists, and deals with the holding of meetings, the admission of members, the election of directors and other rules relating to the running of the Company. The Constitution is available on the Company's website hunterprimarycare.com.au or may be inspected by appointment at the Company's registered office.

You will not be liable for any debts of the Company by becoming a member and you will not be liable if someone brings an action against the Company. This is because, like most other companies, it is a limited Company, which means your liability as a member is limited. If the Company is wound up then you will have to pay no more than \$20 to the Company. This is the amount that you 'guarantee' or promise to pay to the Company by becoming a member, as set out in the Constitution.

Application for Individual Membership Page 2

We listen. Care. Connect.

7 Warabrook Boulevard, Warabrook NSW 2304 / PO Box 572, Newcastle NSW 2300
02 4925 2259 02 4925 2268 info@hunterprimarycare.com.au ABN 27 061 783 015
hunterprimarycare.com.au @hunterprimarycare

Aboriginal Health & Wellbeing | Disability & Wellbeing | General Health & Wellbeing | Mental Health & Wellbeing



Membership

Membership of the Company is open to Primary Health Care Clinicians. This includes psychologists, physiotherapists, podiatrists, speech pathologists, dieticians, optometrists, pharmacists, dentists, nurse practitioners, chiropractors, osteopaths, GPs, and nurses.

Organisations can also join as Associate Members (See Organisational Membership Form).

Process for Application

1. Applicant to complete membership application form and submit it to the Company Secretary.
2. Company Secretary to check details and confirm the applicant's agreement to the membership conditions.
3. Company Secretary to recommend application to the Board.
4. Board to approve or reject membership.
5. Applicant to be advised of outcome by Company Secretary, and, if successful, entered on the Membership Register.

APPLICATION FOR INDIVIDUAL MEMBERSHIP

To the Board of Hunter Primary Care

I, _____ of _____
(NAME) (HOME ADDRESS IN FULL REQUIRED)

wish to become a member of Hunter Primary Care Limited, subject to the provisions of the Constitution (hunterprimarycare.com.au). I agree to pay to the Company an amount of \$20 if the Company is wound up while I am a member or for up to 12 months after I have left the Company.

I am a registered Primary Health Care Clinician, I am AHPRA registered or equivalent (please provide a certified copy of your current certificate of registration), I am working within the boundaries of the Hunter Primary Care region (Lake Macquarie, Newcastle, Maitland and Port Stephens, Cessnock, Dungog, Mid-Coast, Muswellbrook, Singleton and Upper Hunter Shire Local Government Areas), and I support the objects of the Company.



Personal Details

Title (please circle): Ms, Mr, Dr, Other:

Surname: _____ All Given Names: _____

Date of Birth: _____ Gender: Female Male

Preferred Email Address*: _____

Preferred Mobile*: _____

* By providing these details, I agree to receive electronically notification that notices of meetings are available and details of how to access the notice of meeting and relevant documents such as the Financial Statements/Annual Report.

Address for Correspondence

Line 1: _____

Line 2: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Home Fax: _____

Professional Details

Profession: _____

Qualifications: _____ Year Qualified: _____

AHPRA Registration Number: _____

If not AHPRA registered, other registration details:

Name of Principal Place of Practice: _____

Address of Principal Place of Practice (IF DIFFERENT FROM ADDRESS FOR CORRESPONDENCE)

Line 1: _____

Line 2: _____

Suburb: _____ State: _____ Postcode: _____

Work Phone: _____ Work Mobile: _____ Work Fax: _____

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Privacy

The Company receives a number of enquiries from the Commonwealth, State, other health organisations and health researchers. I agree that the Company may release only the following details if requested by legitimate researchers, community organisations, Hunter New England Local Health District (LHD) units or Hunter New England Central Coast Primary Health Network (HNECC PHN) who have a genuine need to contact clinicians in the area:

- My name
- My principal place of practice
- Contact details for my principal place of practice

No information will be provided to any outside organisation until the organisation requesting the details puts the request to the Company in writing, stating the reason for the request and includes a signed privacy statement agreeing that:

- They will only use the information for the purpose declared; and
- They will not provide the information to any third party for any reason.

Please tick the box if you DO NOT wish us to release your details to such enquiries

Full details of the Company's Privacy Policy can be obtained at hunterprimarycare.com.au.

Mailing Information

Our preferred method for communication with our members, including information about AGMs, is electronically and/or with the use of links to the website using the information you have provided in your Personal Details (page 4)

Please note:

- Our Constitution requires members to notify any change in details, including your preferred email address, within one month of a change and all communication to the details last notified will be considered received by you
- That there may be particular circumstances in which the Company needs to send documents or information to you in hard copy rather than electronically with links to the website, in which case we reserve the right to do so.

Signed: _____ Date: _____

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