

# 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 our community.

We are keen to expand our membership to:

- clinicians working in primary health care;
- 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 our 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 our 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](http://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.

## 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.

Other persons who support the aims and objects of Hunter Primary Care and organisations can also join as Associate Members (See Organisational Membership Form).

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## Process for Application

1. Applicant to complete membership application form and email it to the Company Secretary via [CompanySecretary@hunterprimarycare.com.au](mailto:CompanySecretary@hunterprimarycare.com.au)
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, 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 and I support the objects of the Company.

### Personal Details

Title: Ms, Mr, Dr, Other: \_\_\_\_\_

Surname: \_\_\_\_\_ All Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Female Male Non-Binary/ Gender Fluid Different Identity

Email Address\* (addressed to member, not shared):

\_\_\_\_\_

Preferred mobile\*: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

*\*These fields are mandatory as per the Hunter Primary Care Constitution.  
By providing these details, I agree to receive electronically, notification at this email address 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*

## Professional Details

Profession: \_\_\_\_\_

Qualifications: \_\_\_\_\_ Year Qualified: \_\_\_\_\_

AHPRA Registration Number: \_\_\_\_\_

If not AHPRA registered, other registration details:

\_\_\_\_\_

Name of Principal Place of Practice: \_\_\_\_\_

Address of Place of Work (IF DIFFERENT FROM ADDRESS FOR CORRESPONDENCE)

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Mobile: \_\_\_\_\_ Work Fax: \_\_\_\_\_

## 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 place of work
- Contact details for my place of work

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](http://hunterprimarycare.com.au).



## Correspondence

Our method of communication with our members, including information about AGMs, is electronically and/or with the use of links to the website using the email address you have provided in your Personal Details (page 3).

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: \_\_\_\_\_