

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 HEALTH CARE (EG. AGED CARE, PHYSIOTHERAPY, MENTAL HEALTH):	
ORGANISATIONAL STRUCTURE (EG. INCORPORATED ASSOCIATION,	

Head Office

Level 1, 162 Hume Street
(PO Box 81)
Toowoomba QLD 4350
P (07) 4615 0900

West Moreton

World Knowledge Centre, Level 5,
37 Sinnathamby Boulevard,
Springfield Central QLD 4300
P (07) 3202 4433

E info@ddwmpnh.com.au

www.ddwmpnh.com.au

ABN 51 605 975 602



Local Integrated
Primary Health Care

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 DDWM REGION):	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	

Signed and agreed by:

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