

Membership Application Form Medical Primary Health Care Member

Personal Details

Title _____ First Name _____ Surname _____
Date of Birth _____ Male / Female (Please circle)

Contact Information

Place of work: _____
Position held: _____
Postal Address: _____

Work Phone: _____ Home Phone: _____
Work Fax: _____ Mobile Phone: _____
Work Email: _____ Home Email: _____
Preferred contact? Post / Work Email / Home Email (please circle one)

The Perth Primary Care Network Constitution states:

“Medical Primary Health Care Member means a Medical Practitioner whose practice involves the provision of primary, continuing and comprehensive whole patient care to individuals, families and their Community as designated from time to time by the Directors within the Catchment Area and who is granted membership to the Company as a Medical Primary Health Care Member and is registered in the Register as an Medical Primary Health Care Member.”

“Medical Practitioner means a medical practitioner as defined in section 3 of the Health Insurance Act 1973 (Cth).”

Do you wish to participate in our Shoprite member benefits program?

Yes / No (please circle)

Declaration

This declaration is required before your application for membership of PPCN can be processed. Please be sure that you have read and understood the PPCN Constitution which is available at www.ppcn.com.au or by contacting reception at the company's main office on +618 9376 9200.

I certify that the above details are true and correct and that I have read and understood the PPCN Constitution and that I agree to abide by the conditions contained in the Constitution along with any new or altered policies or conditions which may from time to time be determined by the PPCN Board of Directors. I further declare that I provide primary care services within the catchment area of PPCN.

Signed: _____ Date: _____

Return to: Membership Officer
PO Box 354
GUILDFORD WA 6935

Or by facsimile on +618 9279 8221

- In accordance with clause 7 of the Constitution, company directors will determine admission to membership.
- All information provided to PPCN on this membership form will be treated as confidential and will be used in accordance with the Privacy Act 1988 and not distributed to third parties.