

APPLICATION FOR MEMBERSHIP



The Australian Centre for
Healthcare Governance

To: **The Chief Executive
The Australian Centre for Healthcare Governance**

Please find herewith the application of _____
(organisation name or individual name)
for Membership of The Australian Centre for Healthcare Governance in the following
category:

- Corporate Membership \$1500 (plus GST)
 Individual Membership \$500 (plus GST)

Signed:

(Signature of Applicant (if an individual) or
Corporate Representative of the Applicant
(if an organisation))

(Name of Applicant (if an individual) or
Corporate Representative of the Applicant
(if an organisation))

(Date)

(Date)

APPLICANT DETAILS & PROFILE

A: CORPORATE MEMBERSHIP (Individual Applicants please leave blank and complete Section B).

Organisation Name _____

Street / Postal Address: _____

Main Telephone: _____ Fax: _____

Website: _____

ACN/ABN: _____

Organisational Profile:
(including description of main
Services – provide additional
pages if required) _____

Does the organisation
have a Board of
Governance: Yes No _____

APPLICANT DETAILS & PROFILE (continued)

Corporate Representative of Organisation Details:

(Note these are the contact details the ACHG will use for all membership related communications).

Full Name:

Job Title:

Address:

(if same as organisation
address, write 'as above')

.....

.....

Daytime Telephone

Mobile:

Fax Number

Email

.....

Additional contacts for distribution of communications

(Corporate Members may nominate two further organisation contacts to receive email communications from the ACHG.
This is in addition to the Corporate Representative nominated above).

ADDITIONAL CONTACT 1:

Full Name:

Job Title:

Address:

(if same as organisation
address, write 'as above')

.....

Daytime Telephone

Mobile:

Email:

ADDITIONAL CONTACT 2:

Full Name:

Job Title:

Address:

(if same as organisation
address, write 'as above')

.....

Daytime Telephone

Mobile:

Email:

APPLICANT DETAILS & PROFILE (continued)

B: FOR AN INDIVIDUAL MEMBERSHIP (If the Applicant is an organisation, leave blank and complete Section A).

Full Name: _____

Postal Address: _____
(to be used for all hardcopy communications)

Daytime Telephone _____ Mobile: _____

Fax Number _____

Email: _____

Job Title: _____

Employer: _____

Background and profile
of applicant: _____

*(This is to assist the ACHG to
understand your range of
interests)* _____

MEMBERSHIP FEE AND PAYMENT DETAILS

The membership period is 1 July to 30 June each year. The membership fee will be applied on a pro-rata basis (to the current quarter) where membership commences during the financial year.

Upon receipt of the application, an invoice will be issued to the applicant by post.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.
On completion, please return it to the address/fax/email below:**

The Chief Executive
Australian Centre for Healthcare Governance
Level 6, 136 Exhibition Street
MELBOURNE VIC 3000

Email: achg@healthcaregovernance.org.au
Phone: 03 9094 7777
Fax: 03 9094 7788