

# APPLICATION FOR MEMBERSHIP (ASSOCIATE MEMBER)



To: **The Chief Executive  
Victorian Healthcare Association**

Please find herewith the application of \_\_\_\_\_  
(organisation name or individual name)  
for Associate Membership of the Victorian Healthcare Association in the following  
category:

- Premium Associate \$1500 (plus GST)  
 Standard Associate \$800 (plus GST)

On acceptance into Associate Membership, I consent to a listing on the VHA website as an Associate Member.

- Yes  No

**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: FOR AN INDIVIDUAL APPLICANT** (if the Applicant is an organisation, leave blank and complete Section B).

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 VHA to  
understand your range of  
interests) \_\_\_\_\_  
\_\_\_\_\_

## APPLICANT DETAILS & PROFILE (continued)

### B: FOR AN ORGANISATION APPLICANT (Individual Applicants please leave blank).

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

### Corporate Representative of Organisation Details:

(Note these are the contact details the VHA 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 \_\_\_\_\_

## APPLICANT DETAILS & PROFILE (continued)

### Additional contacts for distribution of communications

(Organisational Associate Members may nominate two further organisation contacts to receive email communications from the VHA. 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: \_\_\_\_\_

### ADMISSION TO MEMBERSHIP

Applications for Associate Membership are subject to VHA approval.

### 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 acceptance of Associate Membership by the VHA, 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  
Victorian Healthcare Association Ltd  
Level 6, 136 Exhibition Street  
MELBOURNE VIC 3000

Email: [vha@vha.org.au](mailto:vha@vha.org.au)  
Phone: 03 9094 7777  
Fax: 03 9094 7788