



# SYDNEY HEALTH COMMUNITY NETWORK MEMBERSHIP APPLICATION

Date:   /   /

Please tick **one** box below:

I am applying for **Ordinary Membership**

**An Ordinary Member of the Company is a community organisation who advocates for better health for people who reside, or work in the Central and Eastern Sydney PHN (CESPHN) region, is incorporated, has members from the community it serves, and is accepted by the SHCN Board as a Member of the Company.**

I am applying for **Associate Membership**

**An Associate Member of the Company is a Health Community Organisation, which represents the interests of actual or potential recipients of health care activities and their carers but are not based within the region; or any company, or association whom the Directors in their discretion consider suitable for associate membership of the Company.**

I am applying for **Associate Membership - Individual**

**Any individual with an interest in health care for people who reside or work in the PHN region can apply to be an Associate Member.**

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## Details

Organisation name (if applicable):

Contact person:

Position (if applicable):

Other details:

Address:

Postal address:

Tel:  Fax:

Contact email:

Web address:

Preferred method of receiving SHCN communication:  Email  Post

Would you like to receive the CESPHN community eNewsletter at the email address provided?  Yes  No

I agree to abide by the Constitution\* of Sydney Health Community Network Ltd.

\*available to download at [www.shcn.org.au](http://www.shcn.org.au)

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*Form continues overleaf*

If you are applying for **Ordinary Membership**, please tick the relevant boxes below:

- This organisation represents the interests of actual or potential recipients of health care activities and their carers within the Central and Eastern Sydney PHN region.
- Members of this organisation belong to the community it serves.
- This organisation is incorporated.
- This organisation does not act primarily in the interests of professionals, service providers or for profit groups.
- A copy of this organisation's Constitution or Aims and Objectives is attached.**

Your application for **Ordinary Membership** needs to be authorised by the CEO/authorised person, otherwise your application will be considered as an Associate – Individual Membership. Please note the contact person for the organisation does not have to be the CEO/authorised person.

To have this Ordinary Membership application endorsed, please provide:

CEO/authorised person's name:

Position:

Tel:

Contact email:

**Signature of CEO/authorised person:**

If you are applying for **Associate Membership**, please tick the relevant boxes below:

- This organisation is incorporated or a company limited by guarantee
- This organisation is a propriety company
- This organisation is a government department

This organisation has a role in primary or other health care?  Yes  No

**A copy of this organisation's Constitution or Aims and Objectives is attached?**  Yes  No

If you are applying for **Associate Membership – Individual**, please answer the following questions:

Please describe your interest in joining the Sydney Health Community Network:

Please describe your interest in improving the primary health care of people living in the PHN region:

**Signature**

**Name (printed)**

Please return the completed form to:

SHCN Level 1, 158 Liverpool Road, Ashfield NSW 2131 via the secure fax line on **9009 0599** or via email: **office@shcn.com.au**

\* Definitions [extract of Constitution]

SHCN is located at 1/158 Liverpool Rd, Ashfield 2131 Tel: 9799 0933 Fax: 9799 0944 Email: office@shcn.com.au Website: www.shcn.org.au  
SHCN (ABN 17 161 366 427) is a member organisation of the Central and Eastern Sydney PHN.