

Individual - Primary Membership Application



Membership with Primary & Community Care Services (PCCS) means being part of a local organisation at the forefront of coordinating primary healthcare delivery and taking on the challenge of addressing local primary health care and community needs and service gaps.

PCCS is a Company limited by guarantee. There are no shareholders, only members. Governance is by a board comprising of elected and appointed directors.

The Constitution sets out what the Company can do and why it exists. The Constitution is available on the PCCS website: www.pccs.org.au/membership/constitution/

The principal object of the Company, pursuant to Clause 2 of the Constitution, for which it is formed is to ***promote the prevention and control of disease of people.***

Membership benefits:

- You will be helping to drive improvements in primary health and community care and ensuring that services are better tailored to meet the needs of local communities
- Opportunity to have your say on current and future programmes
- Voting rights to elect the PCCS Board
- Access to support, services, resources, advice, networking and events
- Receive newsletters, communication and updates

Membership categories:

There are three membership categories as defined in the Constitution:

Individual Membership is open to any person who meets one of the following requirements:

- Is a general practitioner
- Is an allied health professional (registered with AHPRA or as specified in PCCS's Constitution)
- Is currently working as a registered health practitioner

Organisational Membership is open to organisations that are involved in Healthcare and can demonstrate that they are aligned to the strategic objectives of the Company.

Associate Membership is open to individuals and organisations wishing to support the aims and objects of the Company.

How to apply for Membership:

Please see enclosed membership form. Please email enquiries@pccs.org.au if you have any questions about membership.

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Membership application process

1. Applicant to complete membership application form and submit to the Company Secretary
2. Company Secretary to check the organisation and nominated member details and confirm the applicant's agreement to the membership conditions
3. Company Secretary to recommend applicant to the Board
4. Board to approve or reject membership
5. Applicant to be advised of outcome by Company Secretary, and, if successful, entered on the Membership Register

Completed applications should be sent to:

The Company Secretary
Primary & Community Care Services
Reply Paid
PO Box 173
Thornleigh NSW 2120

Or By Email: membership@pccs.org.au

Or By Fax: 02 9477 8799

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Please provide the following information in support of your application:

First name:				Surname:			
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of birth:		
Profession:				Qualification:			
AHPRA Registration No. (Specialists and Healthcare Providers only):							
If not AHPRA Registered, other registration or membership details:							
Postal address:				Suburb:		Post code:	
Street address:				Suburb:		Post code:	
Phone number:				Fax number:			
Mobile number:				After hours contact:			
Email address:							

Privacy Issues

The Company receives a number of enquiries from the Commonwealth, the State, other health organisations, and health researchers. Member (nominated representative) names, professions and work contact details may be requested by legitimate researchers, community organisations or Government Health units who have a genuine need to contact clinicians in the area.

No personal information will be provided to any outside organisation until the organisation requesting the details puts the request to the Company in writing, stating the reason for the request and including a signed privacy statement agreeing that:

- They will only use the information for the purpose declared; and
- They will not provide the information to any third party for any reason.

Please tick to indicate your agreement

I agree that the Company may release my details (name of nominated representative, profession, office contact details) for the abovementioned purpose.

From time to time we organise mailings on behalf of companies whose products or services we believe may be of interest to members. (Please tick to indicate your agreement)

I approve to receive such mailings.

Full details of the Company's privacy policy can be found at www.pccs.org.au

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Mailing Communication

The PCCS preferred form of communication is via email. However, some formal communication (notices of AGM, etc) may be issued by hard copy.

Declaration:

I, _____ of _____
First name and Surname Home street address

hereby apply for **Individual Membership** of Primary & Community Care Services Limited. My aims are compatible with the objects of the Company and I agree to be bound by the Constitution governing the company. I understand that in applying for admission as a member, the Board may request that I demonstrate my involvement in healthcare.

Date:	
Signature:	

Confirmation of receipt of your membership application will be issued in writing.