



MEMBERSHIP APPLICATION FORM

Full Name: _____

Title: (Circle one) Dr / Mr / Mrs / Ms / Other: _____

Gender: (Circle one) Male / Female / Other: _____

To receive RHealth correspondence, supply personal email: _____

RACGP: _____ ACRRM: _____

Practice/Company Manager Name: _____

Practice/Company Phone: _____

Practice/Company Email: _____

Membership Categories

I wish to apply for: (See reverse side of this form for excerpt from the Constitution regarding Membership with RHealth)

Voting Membership:

- I am or have been, a Medical Practitioner whose work includes General Practice or Primary Health Care
- I am a retired Medical Practitioner but wish to be a RHealth Member

Non-voting Membership:

- Allied Health Professional (specify profession) _____
- Practice Staff (specify position) _____
- Other Occupations (specify profession) _____

How did you hear about RHealth?

(Circle one or more) Colleague, Friend, Training Event, PHN, Other: _____

If RHealth could offer you a service or support, what would it be?

Please sign & email to admin@rhealth.com.au or fax back 07 4638 2499

I have read and understood the terms and conditions of the RHealth Membership Application Form.

Signature: _____

Date: _____

Excerpt from RHealth Limited Constitution to accompany

1 Preliminary

1.2 The liability of the Members of the Company is limited by guarantee. The guarantee so given by each Member is limited to the amount of \$5 (five dollars)

4 Definitions

'General Medical Practitioner' shall mean a Medical Practitioner as defined in Section 3 of the Health Insurance Act 1973 (Cth) (as amended)

'General Practice' means the provision of primary, continuing and whole patient care of individuals, families and their community and is predominantly funded from fees paid by or on behalf of patients who attend that practice"

5 Membership

The minimum number of Members that the Company will have at any one time is three (3).

The Members of the company are:

- i. each person named as a Member in the company's application for registration who has not ceased to be a Member in accordance with this Constitution;
- ii. those persons who are at the time of incorporation of the company ordinary members of Southern Queensland Rural Division of General Practice Assn Inc., advise their consent to be Members of this company, and who have not ceased to be Members in accordance with this Constitution, and
- iii. such other persons who are Members in accordance with this Constitution and whose names are recorded in the Register of Members.

5.1 Becoming a Member

All other persons desiring to become Members shall apply in writing to the Company for admission as a Member in such form as the Board may from time to time prescribe.

5.2 Membership categories and qualifications

There shall be two categories of membership, voting and non-voting.

i. Voting members

To be a voting member one must be, or have been, a medical practitioner whose work includes general practice or primary health care.

ii. Non-voting members

To be a non-voting member one must be a person whose work, skills, experience, or expertise can, in the opinion of the Board, contribute to the furtherance of the objects of the Company in a significant manner.