

APPLICATION FOR ORGANISATIONAL MEMBERSHIP

Health Workforce Queensland

We wish to apply for Organisational Membership of Health Workforce Queensland.

ORGANISATION DETAILS

Name			
Postal Address			
Suburb/Town		State:	Postcode:
Telephone	Work:		

APPOINTED CONTACT

Title			
Full Name			
Telephone	Work:	Mobile:	
Email			

_____ (Organisation) agrees to abide by the terms of the Company Constitution and membership criteria.

Attached is a statement of 200 words or less setting out the organisation's experience.

Appointed Contact signature

Date

Confirmation of organisational membership is at the discretion of the Health Workforce Queensland Board. Health Workforce Queensland will raise and forward a tax invoice for the annual membership fee of \$50.00 (including GST) on confirmation of the application of organisational membership. Membership will be confirmed once payment is received and processed.

OFFICE USE ONLY			
Member No.	Date Received	Payment Processed	Membership Processed

Statement in support of an Application for Organisational Membership

To be accepted as an Organisational Member of Health Workforce Queensland, in accordance with Clause 5.3 of the Company's Constitution, an organisation needs to demonstrate they have the following attributes:

- 1) *shares the values of the organisation;*
- 2) *commitment to remote or rural health; and*
- 3) *other attributes that will add value to the organisation.*

Voting Rights: In accordance with Clause 5.5 of the Company's Constitution, an organisational member has the right to attend the Annual General Meeting and General Meetings but are not eligible to vote or hold office in the Company.

Organisation	
Organisation to Demonstrate their attributes	