



ISIS Primary Care Ltd

Application/Consent to Membership

I hereby apply for membership of ISIS Primary Care Limited and consent to the Constitution and agree to guarantee ISIS Primary Care Limited to the extent set out in the Constitution.

I confirm that I am over 18 years of age.

I would like to apply as a member for the local government area in which I live, or the area in which I work or study, being either *Brimbank, Hobson's Bay or Wyndham* local government areas, (*cross out which ever is not applicable*). If you choose to apply in relation to a local government area other than where you reside, please provide details (below) of the address of either your employer or study location to confirm eligibility.

_____.

I am an existing member of ISIS Primary Care Inc and wish to transfer to the new company.

OR (*cross out which ever is not applicable*)

I am applying as a new member of ISIS Primary Care Ltd.

Full Name: _____

Street Address: _____

Suburb and postcode: _____

Phone: _____ . Email: _____

Preferred address for sending notices of meetings, either *home or Email* address. (*cross out which ever is not applicable*)

Signature of Applicant, _____ (Date).

Nominated by 2 members whose signatures appear below. (*Not required for members who are transferring*)

Nomination 1 _____ Name _____

Nomination 2 _____ Name _____

Application received by the CEO _____ (Date)

Application forwarded to the Board _____ (Date) (*Not required for members who are transferring*)

Application Approved/Rejected by Board _____ (Date)

Entered on the Register _____ (Date)