



West Vic Division of General Practice  
**CONSUMER HEALTH NETWORK**

## MEMBERSHIP FORM

To: Annette Metcalfe  
West Vic Division of General Practice  
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Please include our organisation in the ***Consumer Health Network***. Our details are:

**Name of representative:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

I/We understand the following:

- The Network is based on information sharing on general practice and local health issues.
- As a representative of an organisation, I will canvass opinion from, and disseminate information to, the members of the organisation. I am mindful that I am representing my organisation at all times.
- There will be no cost to our organisation to be a member of the Consumer Health Network.
- I/We are not obliged to attend any meetings, however we may attend focus groups or training sessions from time-to-time if we so wish. If we attend focus groups or training sessions our travel costs, child care and time will be reimbursed.
- Our views will be valued and respected and will be used to assist the Division to plan and provide quality services and systems.
- I/We may withdraw our membership at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_