



North Coast
Allied Health Association

NORTH COAST
ALLIED HEALTH ASSOCIATION

MEMBERSHIP APPLICATION
FORM

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MEMBERSHIP APPLICATION FORM

Introduction

Membership with North Coast Allied Health Association (NCAHA or 'the Company') will enable you to be part of a health reform established to better coordinate primary health care delivery and address local primary health care needs. You will help improve patient care and health status in the North Coast of NSW by participating in the activities of a peak body for the various allied health craft groups.

An Allied Health Practitioner, for the purpose of membership, is a health practitioner that is qualified or undergoing qualification, in the following allied health professions:

- Aboriginal & Torres Strait Islander Health Practitioner
- Acupuncturist
- Allied Health Assistants
- Audiologist
- Chiropractor
- Dental Therapist/Hygienist
- Diabetes Educator
- Diagnostic Radiographer
- Dietitian
- Exercise Physiologist
- Mental Health Worker
- Occupational Therapist
- Optometrist
- Orthoptist
- Osteopath
- Pharmacist
- Physiotherapist
- Podiatrist
- Psychologist
- Prosthetist/Orthotist
- Radiation Therapist
- Social Worker
- Sonographer
- Speech Pathologist
- Such other professions as the Directors may determine from time to time

NCAHA is a company limited by guarantee. There are no shareholders, only Members. Governance is by a Board comprising of four to seven elected Directors. The constitution sets out what the company can do and why it exists, and deals with the holding of meetings, the admission of members, the election of Directors and other rules relating to the running of the Company. The full constitution can be found at www.ncaha.org.au/key-documents.

The membership of the Company is divided into the following classes:

(a) Ordinary Members

Under the constitution, Ordinary Members have the following entitlements:

- To receive notices of, attend, be heard and vote at general meetings, usually only one meeting per year, called the Annual General Meeting (AGM). Exceptional general meetings may also be called;
- To nominate and elect directors by voting in elections or at meetings;
- To vote on any fundamental changes to the nature of the company, its name or its purposes, or what happens if it winds up.

An Ordinary Member is an Allied Health Practitioner who:

1. resides in the NCAHA region;
2. is over the age of 18;
3. is a currently qualified Allied Health Practitioner; and
4. is practicing within their profession at the time of application and after admission to Membership of the Company.

(b) Associate Members

Under the constitution, Associate Members are entitled to receive notices of, attend and be heard at the AGM. Exceptional general meetings may also be called.

An Associate Member is:

1. is over the age of 18; and
2. is a resident in the NCAHA region who holds relevant qualifications but is not practising as an Allied Health Practitioner at the time of application for Membership of the Company; **or**
3. is a resident in the NCAHA region who is in the process of gaining qualification to practice as an Allied Health Practitioner at the time of application for Membership of the Company.

Members will not be entitled to any dividend, property or other income from the Company. If the Company makes a profit, this will be retained for future activities and applied towards promoting the Company's objects. If the Company is wound up, you will not receive any money from the Company because the constitution requires that it should be paid to another similar organisation.

Liability of members is limited to \$2 (incl. GST) that the Constitution guarantees each member must pay to the company if required on winding up. An application fee and/or annual membership subscription fee may also be applicable.

Membership Process

Set out below is the process for Membership:

1. Applicant to complete and sign membership application form and submit to:

North Coast Allied Health Association
Attention: Company Secretary
PO Box 957
Ballina NSW 2478

Or scan and email to companysecretary@ncml.org.au

2. Company Secretary to check the application and confirm the applicant agrees to the membership conditions. The Company Secretary then provides the application to the Board.
3. The Board must consider an application for Membership as soon as practicable after receipt and determine, in their discretion, the admission or rejection of the applicant. The Directors may, at their discretion, determine the category of Membership suitable for the applicant.
4. Applicant to be advised of outcome by Company Secretary, and, if successful, entered on the Membership Register after payment of the applicable application fee and/or annual membership subscription fee.

Membership Application

I wish to become an Ordinary/Associate Member of North Coast Allied Health Association NSW Limited, subject to the provisions of the Constitution.

Title			
Name			
Date of Birth			
Postal Address			
Residential Address			
Phone Number		Mobile Number	
Email Address			
Discipline/Profession			
Qualifications*	<p><i>*Provide AHPRA registration no. or evidence of qualification (course name and place of study)</i></p>		
Class of Membership	Ordinary <input type="checkbox"/> Associate <input type="checkbox"/>		

NCAHA membership profile

Your answers are strictly confidential and aimed to support the work of NCAHA – you will not be individually identified in any results that are published or presented.

What best describes your current employment situation? *(Please tick appropriate box)*

Contractor	<input type="checkbox"/>	NGO employee	<input type="checkbox"/>	Public system employee	<input type="checkbox"/>
Private system employee	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>
Student	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Academic	<input type="checkbox"/>
Not Practicing	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Please specify 'Other' _____



Where do you work?

Please specify _____

OR

What clinical setting do you mainly practice? (Please tick appropriate box)

Community Health	<input type="checkbox"/>	General Practice / Aboriginal Medical Service	<input type="checkbox"/>
Hospital (seeing outpatients)	<input type="checkbox"/>	Hospital (seeing inpatients)	<input type="checkbox"/>
Private clinic	<input type="checkbox"/>	Residential Aged Care	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Please specify 'Other' _____

Area of interest or clinical speciality? (Please specify) _____

In what year did you qualify? (Please specify) _____

In what town/suburb do you work? (Please specify) _____

Number of years you have practiced in this region? (Please specify) _____

What is your country of birth? (Please specify) _____

Are you Aboriginal or Torres Strait Islander?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Membership Fee Payment

The annual fee, based on financial year is set at \$40 and an invoice will be issued upon your successful application. The membership fee for 2014/15 has been reduced to \$20. Finalisation of your membership will be dependant on the full payment of the invoice.

Declaration

I declare that all information provided is true and accurate

Signature

Date