

Personal Details		
Surname		
Given name/s		
Email		
Phone	(M)	(H)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:
Occupation		
Professional Qualifications		
Professional Memberships		
Practice Details		
Practice name		
Address		
Suburb		
Phone		Fax:
Membership nomination and agreement		
I, _____ (please write full name) apply to become a member of FNQ Allied Health Association Inc		
<input type="checkbox"/> I have enclosed a copy of either my degree or current professional registration as an Allied Health Professional (this is required prior to membership being considered)		
<input type="checkbox"/> I subscribe to the Objects of the FNQ Allied Health Association and shall abide by the Rules of Incorporation		
<input type="checkbox"/> I would like to receive an electronic copy of the Rules of Association		
Signature:		Date:
To be completed by FNQ Allied Health Association Committee		
Proposer name		Signature
Secunder name		Signature
Objects of the FNQ Allied Health Association Inc		
<ul style="list-style-type: none"> - To develop partnerships within the health and education and social support systems to coordinate quality allied health services throughout Far North Queensland to help ensure the highest standard of health care for the people of Far North Queensland - To ensure the sustainability and inclusion of private practising allied health professionals in the planning and delivery of primary health care services in Far North Queensland - To act as a conduit for external organisations to interact with allied health professionals - To facilitate interaction between and within the allied health professions in all areas of practice and to develop a shared understanding of the needs and priorities of allied health professionals within FNQ 		
<input type="checkbox"/> I do not wish my contact details to be available to other members of FNQAHA.		

Please return to FNQ Allied Health Association Inc – see above for details