

MEMBERSHIP / RENEWAL FORM

All prospective members of ACCELERATE HEALTH are required to complete this registration form.
 Membership runs from Jan 1st - December 31st. **NEW MEMBERSHIP** **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION DATE: / /

| | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| TITLE | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr | | |
| NAME | | | |
| OCCUPATION | | MAIN TELEPHONE | |
| COMPANY | | WORK TELEPHONE | |
| POSITION | | MOBILE PHONE | |
| ADDRESS 1 | | EMAIL ADDRESS | |
| ADDRESS 2 | | | |
| ADDRESS 3 | | | |
| TOWN/CITY | | | |
| POSTCODE | | | |

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

| MEMBER TYPE | DESCRIPTION | MEMBERSHIP FEE | NUMBER REQUIRED |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|
| FULL | Full Membership | \$600 | |
| ADDITION MEMBER FROM THE SAME BUSINESS ENTITY | Full Membership | \$400 | |
| PRO-RATA MEMBERSHIP | Please Indicate Number of Meetings Remaining for this year. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | \$100 Per Meeting | |
| PAYMENT METHOD | <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card | | |
| PAYMENT DETAILS | <p>Direct Transfer: BSB: 086 492 ACCOUNT NUMBER: 24 335 4399 ACCOUNT NAME: Accelerate Health Inc.</p> <p>Mail Cheque To: Aubin Grove Physiotherapy Shop 3 / 80 Lyon Road Atwell, 6164</p> <p>Credit Card Details: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX</p> <p>Name on Credit Card:</p> <p>Credit Card Number:</p> <p>Expiry Date:</p> | | |
| | | | |
| | | | |

SECTION 3: OTHER INFORMATION

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|---------------------------------------------|
| Practice Website Address: |
| Practice Facebook Address: |
| Professional Association: |
| Professional Association Membership Number: |
| Area of Interest / Expertise: |

Accelerate Health Inc. is a Network of Health Professionals that meet for the purposes of business development and sharing ideas, but we are far more than this.

Our Mission

As a network of health professionals we are innovative and progressive in thinking, collaborating to provide business development opportunities for owners and to provide a high standard of clinical education for our staff. We are determined to be a recognized brand and for members to benefit from the collective power of the group.

Our ultimate goal is to build strong, healthy businesses that lead the way in the healthcare industry in Western Australia, whilst also building the quality, profitability and most importantly the value of our businesses along the way. We strive to improve the private health industry and leave a legacy of continual growth for future health professions.

We welcome you to our network.

Warm regards,

Nic Lange (Podiatrist) & Rick Falken (Physiotherapist)
Co-Presidents
Accelerate Health Inc.