



# APPLICATION FOR MEMBERSHIP

To: **The Company Secretary**  
**Private Healthcare Australia Limited**  
[Camilla.Milazzo@pha.org.au](mailto:Camilla.Milazzo@pha.org.au)

The following private health insurer, being registered under Division 3 of Part 2 of the Private Health Insurance (Prudential Supervision) Act 2015 (Cth), hereby applies to become an ordinary member of Private Healthcare Australia Limited 'PHA'.

By applying to become a member of Private Healthcare Australia Limited, the private health insurer agrees to be bound by the PHA Constitution and any other rules, by-laws, policies or other standards prescribed by the Board from time to time.

<b>Name of organisation</b>	
<b>Australian Business Number (ABN)</b>	
<b>Corporate Structure</b> Eg Limited by Guarantee	
<b>Chief Executive Officer (if applicable)</b>	
<b>Managing Director (if applicable)</b>	
<b>Authorised Representative (CEO or Managing Director only)</b>	

<b>Contact number for Authorised Representative</b>	
<b>Address of headquarters</b>	
<b>Brief summary of the organisation</b>	

Signed

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*(Name and position)*

Date:     /     / 202