



Southern Mallee Primary Care Partnership Partnering Agreement – Associate Membership Form

This form must be signed by the CEO of the organisation applying to be an **Associate Member** of the Southern Mallee Primary Care Partnership. Original copies will be kept on file in the Southern Mallee Primary Care Partnership Office.

(Insert legal name of organisation/agency)
supports the Southern Mallee Primary Care Partnership, and acknowledges that by signing
this document we shall be deemed to have signed the Southern Mallee Primary Care
Partnership – Partnering Agreement.

Signature:

Print Name:

Position Title:

Date:

Witness:

Signature:

Print Name:

Date:



Signatory to Partnering Agreement

The signing of the Southern Mallee Primary Care Partnership 2015 – 2018 Partnering Agreement, demonstrates the agency's commitment to the Southern Mallee Primary Care Partnership for the term of the Department of Health and Human Services Primary Care Partnership funding.

Executed as an agreement

Southern Mallee Primary Care Partnership

On the _____ day of _____ 2015

Organisation: _____

Chief Executive Officer: _____

Chief Executive Officer Signature: _____

Witness: _____

Witness Signature: _____

SMPCP Chair: _____

Chair Signature: _____

Witness: _____

Witness Signature: _____