



PalliativeCare
VICTORIA
Living, dying & grieving well

Organisational Membership Application Form 2024/2025

Access to palliative care is a human right. Palliative Care Victoria (PCV) works collaboratively to ensure all Victorians have equitable access to timely care and support, based on their individual needs and wishes.

To fulfil this purpose during 2022 – 2026 we have set objectives for three important populations, each with specific priority areas of focus that are empowering, capacity building and advocating in direction.

- People with palliative care needs, carers and the community
- Health professionals and volunteers
- Palliative Care Victoria members

[View further details in our 2022 – 2026 Strategic Plan](#)

We value your support as an organisation member to undertake this important work.

Membership also gives you access to:

- Our weekly electronic *Newsflash*. This includes news, events & education, employment opportunities, information & resources, opportunities to act & engage, and short summaries of research articles.
- Consultation and representation on key policy issues, including at a national level through our membership and contributions to Palliative Care Australia.
- The opportunity to vote at Annual and Special General Meetings of PCV.
- Discount on resources and event registration.

Association members commit to the philosophy of palliative care, as defined by the World Health Organisation <https://www.who.int/cancer/palliative/definition/en/>.

To apply for membership please complete, sign and submit the form on the next page.

Once your application has been approved, we will send you a tax invoice. If you have any queries about your membership application, please call us or email us.

As the peak body for palliative care in Victoria, we look forward to working with you.

A/Prof Violet Platt
Chief Executive Officer

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Application Form

| | | | |
|-------------------|--|----------|--|
| Organisation Name | | | |
| Postal Address | | | |
| Suburb | | Postcode | |
| Email | | Phone | |
| Website URL | | Fax | |

Please nominate your Official Representative for all correspondence regarding your membership. NB this person will be your voting representative unless notified otherwise in writing.

Please note that all correspondence will be sent to the email address provided, unless an alternative address is nominated:

Primary Contact / Official Representative

| | | | |
|----------------|--|-----------|--|
| First Name | | Last Name | |
| Position Title | | | |
| Email | | Phone | |

Membership Renewal Contact (if applicable)

If the above representative is not the person to contact regarding membership payments and renewals please provide relevant contact details below.

| | | | |
|----------------|--|-----------|--|
| First Name | | Last Name | |
| Position Title | | | |
| Email | | Phone | |

Briefly describe your organisation's involvement in palliative care.

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Please submit a copy of your organisation's most recent Annual Report with your application.

2024/2025 Membership Fee \$ _____ (excl GST)

(Refer to membership fee table on following page)

Declaration

As the nominated representative, I declare that the organisation I represent as a member of Palliative Care Victoria is committed to the philosophy of palliative care as defined by the World Health Organisation and agrees to be bound by the Palliative Care Victoria Constitution.

Signature _____

Date _____



Membership fees 2024/2025

Membership period

Memberships have a common expiry date of 30 June each year. Membership fees for organisations joining after the commencement of the financial year will be prorate based on complete months to the expiry date.

Palliative Care Services

Membership fees are based on **annual expenditure on palliative care services**, including education, research, service planning and coordination, as well as bereavement services. Please select the level appropriate to your expenditure and enter amount in space provided on application form.

| Group | Annual Expenditure for last financial year | Annual Fee (excl GST) |
|-----------------------------------|--|-----------------------|
| Level 1 – Palliative Care Service | Under \$500,000 | \$250 |
| Level 2 – Palliative Care Service | \$500,00 - \$1,000,000 | \$500 |
| Level 3 – Palliative Care Service | \$1M - \$1.5M | \$750 |
| Level 4 – Palliative Care Service | \$1.5M – 2.5M | \$1,000 |
| Level 5 – Palliative Care Service | \$2.5M - \$5M | \$2,000 |
| Level 6 – Palliative Care Service | \$5M - \$7.5M | \$3,500 |
| Level 7 – Palliative Care Service | Over \$7.5M | \$5,000 |

Other organisations

Fee is based on **total expenditure on care services** in the previous financial year. Please select the level appropriate to your expenditure and enter amount in space provided on application form.

| Group | Annual Expenditure for last financial year | Annual Fee (excl GST) |
|------------------------------|--|-----------------------|
| Other Organisations - Small | Up to \$500,000 | \$250.00 |
| Other Organisations - Medium | \$500,000 - \$1,000,000 | \$500.00 |
| Other Organisations - Large | Over \$1,000,000 | \$750.00 |