

**Attachment 3. Application for New Membership 2015 - 2018**

**Lower Hume Primary Care Partnership  
Application for New Membership 2015 - 2018**

**Agency Name:**

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**Application General Member**

**In so doing**

\_\_\_\_\_ (agency)

**agrees to be bound by the Lower Hume PCP Partnering Agreement**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_