



Application for Individual Membership

To: Rural Health West
PO Box 433
NEDLANDS WA 6909

I apply for Individual Membership of Rural Health West.

Title _____

Full name _____

Address for correspondence _____

Suburb/City _____ State _____ Postcode _____

Telephone: Work _____ Mobile _____

Email _____

I agree to abide by the terms of the Company Constitution
www.ruralhealthwest.com.au/membership

I attach a statement of 200 words or less setting out my qualifications and experience.

Signature of Applicant

Date

Personal statement in support of an Application for Individual Membership

To be accepted, in accordance with Rule 24(a)(i) of the Constitution, as an Individual Member of Rural Health West, a person must be a registered medical practitioner having substantial remote and rural medical experience* (as determined by the Board) or a medical practitioner with current demonstrable interest in medicine** in remote and rural Western Australia (as determined by the Board).

- * Substantial remote and rural medical experience means:
 - A registered medical practitioner currently involved in any type of clinical practice, including ongoing visiting services, in a rural and remote area.

- ** Current demonstrable interest in medicine means:
 - A registered medical practitioner who may not be currently practising in a rural or remote area but can demonstrate at least two or more years ongoing experience in one or more of the following:
 - An organisation related to rural and remote medicine.
 - Research and/or teaching rural and remote medicine.
 - As determined by the Board.

Name _____

Qualifications _____

Relevant experience _____
