



Application for Organisational Membership

To: Rural Health West
PO Box 433
NEDLANDS WA 6909

Our organisation hereby applies for Organisational Membership of Rural Health West.

Name of organisation _____

Address for correspondence _____

Suburb/City _____ **State** _____ **Postcode** _____

Name and Title of appointed representative (Rule 24(a)(ii)E):

Name and title _____

Medical practitioner

Non-medical practitioner

Telephone: Work _____ **Mobile** _____

Email _____

On behalf of (insert name of organisation) _____

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

I attach a statement of 200 words or less setting out the organisation's qualifications and experience.

Signature of Appointed Representative

Date

