

Application for Associate Membership



To: Rural Health West
PO Box 433
NEDLANDS WA 6909

I apply for Associate Membership of Rural Health West.

Title _____

Full name _____

Address for correspondence _____

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

Telephone: Work _____ **Mobile** _____

Email _____

All membership applications will be considered by the Membership and Governance Committee, which meets bi-monthly.

Please note that the qualifications and current registration details of all applications are checked on the AHPRA database prior to being considered by the Membership and Governance Committee.

- I agree to abide by the terms of the Company Constitution www.ruralhealthwest.com.au/membership
- I attach my curriculum vitae or work history summary and a short statement outlining why I wish to become a member of Rural Health West.

Signature of Applicant

Date

