



## 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** \_\_\_\_\_

I agree to abide by the terms of the Company Constitution  
[www.ruralhealthwest.com.au/membership](http://www.ruralhealthwest.com.au/membership)

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

\_\_\_\_\_  
**Signature of Applicant**

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

