

# Associate Membership

## Application form



To: Rural Health West  
PO Box 433  
NEDLANDS WA 6909

I apply for Associate Membership of Rural Health West.

Name of applicant \_\_\_\_\_

Address for correspondence \_\_\_\_\_

\_\_\_\_\_

Suburb/City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone

W \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_

Email \_\_\_\_\_

I agree to abide by the terms of the Rural Health West Constitution, in particular Rule 20.

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

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Continued overleaf*

## Personal statement in support of an application for Individual Membership

To be accepted, in accordance with Rule 24 (a) (iii) of the Constitution, as an Associate Member of Rural Health West, the person or entity will demonstrate to the Board a desire to support the Objects of the Company.

Name \_\_\_\_\_

Qualifications \_\_\_\_\_

Relevant experience \_\_\_\_\_

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*Proudly funded by the Australian Government Department of Health and the WA Country Health Service.*

