

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 Associate 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 _____



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

