

# Individual Membership

## Application form



To: Rural Health West  
PO Box 433  
NEDLANDS WA 6909

I apply for Individual 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*

