

# Organisational Membership

## Application form



To: Rural Health West  
PO Box 433  
NEDLANDS WA 6909

Our organisation hereby applies for Organisational Membership of Rural Health West.

Name of organisation \_\_\_\_\_

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

\_\_\_\_\_

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

Name and title of appointed representative (Rule 24 (a) (ii) E)

Medical Practitioner

Non-medical practitioner

Telephone

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

Email \_\_\_\_\_

On behalf of (insert name of organisation) \_\_\_\_\_

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 the organisations qualifications and experience.

Signature of appointed representative \_\_\_\_\_ Date \_\_\_\_\_

*Continued overleaf*

