

# 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 approved representative – Rule 15.3.2 (g) (h)

Title \_\_\_\_\_ Full name \_\_\_\_\_

Telephone W \_\_\_\_\_ M \_\_\_\_\_

Email \_\_\_\_\_

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

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

I attach a statement of 200 words or less setting out the organisation's qualifications and experience.

I attest that this information is true and correct, and has been completed by the approved representative whose full name is written on this form.

Date \_\_\_\_\_

*Continued overleaf*

