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

[ ]  Medical Practitioner [ ]  Non-medical practitioner

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**

[ ]  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*

Statement in support of an application for Organisational Membership

An Organisational Member is an entity (other than a natural person) which meets each of the following criteria:

(a) operates or resides in a rural and remote area, the Perth metropolitan area or other States and Territories (as determined by the Board from time to time);

(b) is committed to bettering the health and wellbeing of communities in rural and remote areas;

(c) applies to the Board for acceptance as an Organisational Member under Rule 15.8;

(d) is of good standing as determined by the Board;

(e) is approved by the Board to be a Member under Rule 15.10;

(f) has paid the membership fee as determined by the Board from time to time;

(g) has appointed a representative who will exercise the power to vote on behalf of the entity; and

(h) has advised the Board of the person appointed as the representative of the entity (or, if replaced from time to time by a new representative, promptly advise the Board of the replacement representative).