## **Organisational Membership**

## **APPLICATION FORM**



To: Rural Health West PO Box 433 NEDLANDS WA 6909

Our organisation hereby applies for Orga	unisational Membership of Rura	ll Health West.
Name of organisation		
Address for correspondence	W M	
Name and title of approved representa	ative – Rule 15.3.2 (g) (h)	
Title Full name		
Medical Practitioner	Non-medical practitio	ner
Telephone W	M	
Email		
On behalf of (insert name of organisation	n)	
I agree to abide by the terms of the F www.ruralhealthwest.com.au/mem		
I attach a statement of 200 words or experience.	less setting out the organisation	on's qualifications and
I attest that this information is true are representative whose full name is wr	•	leted by the approved
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## 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).





Rural Health West is proudly funded by the Australian Government Department of Health and WA Country Health Service.