

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
- 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).
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