



**Western Australian Centre for Remote and Rural Medicine Limited
T/A Rural Health West**

APPLICATION FOR ORGANISATIONAL MEMBERSHIP

To: Rural Health West
PO Box 433
NEDLANDS WA 6909

Our organisation hereby applies for organisational membership of the Western Australian Centre for Remote and Rural Medicine Limited (WACRRM)

NAME OF ORGANISATION: _____

ADDRESS FOR CORRESPONDENCE: _____

Suburb/City: _____ State: _____ Post Code: _____

NAME OF NOMINATED REPRESENTATIVE (Rule 24(a)(ii)E):

POSITION/OFFICE HELD: _____

TELEPHONE: Work: _____ Home: _____ Mobile _____

EMAIL: _____

On behalf of (insert name of organisation) _____ I agree to abide by the terms of the company Constitution, in particular Rule 20.

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

_____ *Date / /*

Signature of the Person authorised to sign on behalf of the organisation

STATEMENT IN SUPPORT OF AN APPLICATION FOR ORGANISATIONAL MEMBERSHIP

To be accepted, in accordance with clause 24(a)(ii) of the Constitution, as an organisational member of WACRRM, the entity other than a natural person, currently operating in WA, will be a representative, employer or educator of Medical Practitioners, nursing or allied health professionals in remote and rural areas or be Local Government Authorities within rural and remote areas or such other entities which the Board deems appropriate (see the enclosed Board policy).

Rule 24(a)(ii)E: Appoint a representative who will be advised to the Company (and if replaced by an alternative representative will be promptly advised to the Company) and will be noted

