



Application for NEW membership of association

Respiratory Nurses Interest Group (NSW) Inc (incorporated under the *Associations Incorporation Act 2009*)

I,

[first name of applicant] [surname/family name of applicant used for AHPRA registration]

Name also known as e.g. Maiden name

of **NSW**

[best postal address] [postcode]

[email address/address's]

mobile best landline

occupation eg; RN

organisation eg; RPAH

hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

Signature of applicant _____ Date / /

Tick box I have paid the NEW membership annual fee of \$80.00 by PayPal via the link at www.rnig.org.au on Date / / My AHPRA registration number

I,

[full name of proposer] a current member of the association, nominate the applicant for membership of the association.

Signature of proposer _____ Date / /

I,

[full name of seconder] a current member of the association, second the applicant for membership of the association.

Signature of seconder _____ Date / /

Official use only	AHPRA REGO <input type="checkbox"/> Tick box	PAID <input type="checkbox"/> Tick box	APPROVED STAMP
	VERIFIED BY <input type="text"/> <input type="text"/>	VERIFIED BY <input type="text"/> <input type="text"/>	
	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	

Scan to admin@rnig.org.au OR post to **RNIG PO BOX 113 Westmead NSW 2145**