



Respiratory Nurses' Interest Group of NSW Membership Application Form

I wish to apply for / renew my membership of the Respiratory Nurses' Interest Group of NSW

I have:

paid \$45.00 by EFT to RNIG BSB:032-340 Account No: 107388 on ___/___/___ using my surname
OR

I enclose a cheque/money order for \$45.00 (please make cheques payable to RNIG)

Surname : _____ First Name : _____ Position/Title : _____

Department : _____ Hospital : _____

Address (W) : _____ Suburb : _____ Postcode : _____

Phone (W) : _____ Page No : _____ Fax : _____

Email : _____

Information and correspondence is usually emailed.

If you prefer RNIG correspondence to be posted- please indicate your preference:

Send to Work Address

Send to Home Address

Address (H) : _____ Suburb : _____ Postcode : _____

Phone (H) : _____ Mobile: _____

Email : _____

Signature : _____ Date : _____

Please return completed applications to: -

RNIG Secretariat

PO Box 411

Gosford NSW 2250

Telephone: (02) 4337 5653

Fax: (02) 4322 8117

Email: members@rnig.org.au

Website: www.rnig.org.au