Respiratory Nurses' Interest Group of New South Wales Inc

RESPIRATORY NURSES' INTEREST GROUP (NSW) Inc
RNIG PO BOX 113 Westmead NSW 2145
Mobile: 0447 644 521
email: admin@rnig.org.au
Website: www.rnig.org.au
ABN: 73 109 024 397

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 $60.00 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 ☐ *Tick box* VERIFIED BY ___ Date __/__/__	PAID ☐ *Tick box* VERIFIED BY ___ Date __/__/__	APPROVED STAMP Date __/__/__

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