



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 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 : _____

The following information is only required if you prefer RNIG correspondence to be sent to your home address - please indicate your preference (s) :

Send to Work Address

Send to Home Address

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

Phone (H) : _____

Email : _____

Signature : _____ Date : _____

Please return completed applications to: -

RNIG
C/- P.O Box 113
Westmead NSW 2145

Telephone: (02) 8580 7176
Fax: (02) 8569 1716

Email: members@rnig.org.au
Website: www.rnig.org.au