



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
[best postal address] NSW [postcode]
[email address/address's]
mobile AHPRA
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

QR code Use this QR code to pay for your membership or use this link https://rnig.org.au/membership.html
I have paid the NEW membership annual fee of \$80.00 by PayPal
Date

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