



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



Use this QR code to pay for your membership
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