

Rural Health Alliance Aotearoa New Zealand Membership Application Form

The Rural Health Alliance Aotearoa New Zealand Membership is open to organisations and individuals that have a vested interest in the health and wellbeing of people living and working in rural communities in Aotearoa.

APPLICANT

Name

Date

Contact Number

Email Address

ORGANISATION

Name

Postal Address

Web Page

Your Role

MEMBERSHIP

Please select from one of the Membership options below:

- Full Member
- Associate Member
- Friends Member

If you are applying on behalf of an organisation who is the key contact person for RHAANZ?

Please briefly describe the relevance of your work or your organisation's that is relevant to RHAANZ and its work?

I give consent for RHAANZ to use my organisation's logo on the RHAANZ website

Yes

No

If yes please attach a copy of your logo