



NATIONAL RURAL
HEALTH
ALLIANCE LTD

Friends OF THE ALLIANCE

...working towards good health and
wellbeing in rural and remote Australia.



ABN: 68 480 848 412 ARBN/ACN: 620 779 606

MEMBERSHIP APPLICATION FORM (Tax Invoice)

MEMBERSHIP TYPE (GST inclusive)

- Individual Membership \$77
- Concession (not in paid workforce) \$55
- Student \$22
- Health consumer advocate \$0.00
- Carer \$0.00
- Small Organisation (less than 50 staff) \$253
- Large Organisation (50 or more staff) \$550

CONTACT DETAILS

Name: _____

Job Title: _____

Organisation: _____

Postal Address: _____

Town: _____

State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Web: _____

Twitter: _____

PAYMENT

■ Credit Card

Card type: Mastercard Visa

Card Number:

□□□□ □□□□ □□□□ □□□□

Expiry: □□ / □□ CCV: □□□

Card holder's Name: _____

Amount: \$ _____ Signature: _____

■ Direct deposit

Account name: National Rural Health Alliance

BSB number: 032-731

Account number: 114833

Reference: Please include your name as
reference and forward remittance
advice to friends@ruralhealth.org.au

Privacy Policy and Collection Statement

The NRHA Privacy Policy is available at www.ruralhealth.org.au/privacy-policy. The National Rural Health Alliance LTD (ABN 68 480 848 412. ARBN/ACN: 620 779 606) collects and uses personal information in strict adherence with the Australian Privacy Principles and our own Privacy Policy. The information collected here and will be used to communicate information about Friends of the Alliance, the NRHA and to process membership fees. Information about individual members of Friends of the Alliance will not be disclosed to any third parties. Complaints or requests for changes to information collected can be made by emailing nrha@ruralhealth.org.au or phoning 02 6285 4660.

Membership valid: 1 July 2018 - 30 June 2019

Please return this form by email to friends@ruralhealth.org.au