## NZ RURAL HOSPITAL NETWORK

## **APPLICATION FOR MEMBERSHIP**



MEMBERSHIP CATEGORY APPLIED F	FOR:
☐ Rural Hospital Doctor	☐ Rural Hospital Non-Clinical Support
☐ Rural Hospital Nurse	☐ Corporate
☐ Rural Hospital Midwife	☐ Associate
Rural Hospital Manager	☐ Allied Health
☐ Dual Membership of NZRPGN	Rural Hospital Student
INDIVIDUAL INFORMATION	
Title:	
Name:	
Contact Phone:	
Mobile:	
Email address:	
Postal Address:	
Occupation:	
Professional Registration Number i.e. NZMC, NZNC ( <i>if applicable</i> ):	
Country of first tertiary health qualification:	
Do you hold a Vocational Scope of Practice in Rural Hospital Medicine	Yes No
ORGANISATIONAL INFORMATION	
Name of organisation for which you work:	
Postal Address:	
Contact Phone:	
Email Address:	
Signed:	
Date:	

## **MEMBERSHIP CATEGORY**

Membership Category	Annual Levy	Tick relevant category	
Full Voting Rights			
Rural Hospital Doctor	\$200 +GST (\$230)		
Rural Hospital Nurse	\$60 +GST (\$69)		
Rural Hospital Midwife	\$60 +GST (\$69)		
Rural Hospital Manager	\$60 +GST (\$69)		
Allied Health (scope of practice under HPCA Act)	\$60 +GST (\$69)		
Rural Hospital Non-Clinical Support	\$30.00 +GST (\$34.50)		
Rural Hospital Students - (note: one time payment for duration of study)	\$44.00 +GST (\$50.60)		
Corporate - (Rural Hospitals, DHBs, Independent Community Boards etc.)	\$1,000.00 +GST (\$1,150)		
Dual Membership with NZRGPN	See notes below		
Non-Voting Rights			
Associate membership	\$50.00 +GST (\$57.50)		

## **DUAL MEMBERSHIP**

Dual membership with full voting rights of the New Zealand General Practice Network (NZRGPN) is also available to rural hospital doctors and rural hospital nurses at 50% extra of the NZRHN fee above. Other membership groups can also hold dual membership of the NZRGPN at 10% extra of the NZRHN fee above although this will not entitle the individual to voting rights at this point in time. For more information on the NZRGPN visit www.rgpn.co.nz

Please post this completed form to Rural Hospital Network, PO Box 547, Wellington 6140 OR email to <a href="mailto:marie@rgpn.org.nz">marie@rgpn.org.nz</a>

Office use only	
Date Form Received:	
Date Payment Received	