



## MEMBERSHIP APPLICATION

If you are a new applicant or if this is your first time to sight this form please complete it in full.  
If you have completed this form before then please complete name and membership sections as well as any other field that has changed since you last filled in this form.

NAME: \_\_\_\_\_

GENDER: MALE / FEMALE *(please circle as is applicable)*

OCCUPATION: \_\_\_\_\_

DO YOU HOLD A POST GRADUATE DEGREE: YES / NO *(please circle as is applicable)*

IF YES PLEASE SPECIFY: \_\_\_\_\_

WORK:

Facility: \_\_\_\_\_

Location: \_\_\_\_\_

District: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

CONTACT INFORMATION:

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



MEMBERSHIP: *(please circle as is applicable)*

- TYPE:
- New
  - Annual Renewal
  - Lapsed Reapply (previous member but not annual renewal)

CATEGORY: MIOK (K200)  
KUMUL (K1300 / K1040)  
KUMUL (Fortnight Deduction)

Would you like to be added to the PNG SRRH WhatsApp Group?

*(please circle as is applicable)* Yes / No

Please attach a copy of payment receipt and payment authorization to this form.

**BANK DETAILS**

**Account Name: PNG SOCIETY FOR RURAL AND REMOTE HEALTH**

**Bank: BANK OF SOUTH PACIFIC**

**Branch: MT HAGEN**

**Account Number: 100 162 8514**

**BSB: 088-307**

**Swift Code: BOSSPPGPM**