



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

- CATEGORY:
1. MIOK (K350)
 2. KUMUL
 - K1300 – Specialist/Consultant/Post-Graduate
 - K1040 – Registrar/Undergraduate
 3. CORORATE MEMBERSHIP (K2000)

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