



Practice Nurse Membership Application Form

Name:

Practice Name:

Work Address:

Phone:

Fax:

Mobile:

Email:

How many tenths do you regularly work per week? Note: minimum for application is 1/10th.

In applying for membership of South Link Health Inc (SLH) you agree that:

1. You will act in accordance with the Society Rules and will not act contrary to SLH's interests or do anything that brings SLH into disrepute or damage its reputation.
2. You will respect the rights of colleagues, members and funders.
3. You will work within the law with honesty, integrity and openness to scrutiny.
4. You are not a member of any other IPA.
5. You agree to the IPA auditing and reviewing information or claims for payment which you provide.

Signed:

Dated:

Please post or fax your application to:

South Link Health Inc
PO Box 6032, Dunedin 9059
Fax: 0800 10 76 73

If you have any membership queries please contact Emma Bone on 0800 78 45 46

Membership is subject to SLH Executive Board approval