



South Link Health (SLH) Membership Application Form

Name: _____

SLH Membership Practice Name: _____

Practice Address: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

- I wish to become a SLH Member (select membership category below)
- I wish to change my SLH Membership category (select membership category below)

General Practitioner NZMC No. _____

Practice Nurse NZMC No. _____

Nurse Practitioner NZMC No. _____

Practice Manager/Administrator

Practice Owner

How many tenths do you regularly work per week (minimum is 1/10th)? _____

In applying for membership of 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 are not a member of any other IPA.

Signed: _____ Date: _____

Please post, fax or e-mail your application to: South Link Health Inc
PO Box 6032, Dunedin 9059
Fax: 0800 10 76 73
Email: dianne_railton@southlink.co.nz

If you have any membership queries please contact Dianne Railton on 03 477 2628