

CARPA

CENTRAL AUSTRALIAN RURAL PRACTITIONERS ASSOCIATION Inc.

PO Box 8143 Alice Springs, NT, 0871

Fax: 8952 3536 Attn: CARPA

Membership Application:

The Central Australian Rural Practitioners Association Inc. (CARPA) provides a focus for multidisciplinary activity in support of primary health care in Central Australia.

Membership of CARPA is open to all people who are involved in primary health care in central Australia who agree with the objectives of CARPA.

Objectives of CARPA are:

- To provide, maintain and update a standard treatment manual for use in remote practice
- To provide opportunities for multidisciplinary education and training
- To provide a multidisciplinary forum to address primary health care issues in Central Australia
- To provide a place for multidisciplinary interaction on primary health policy and
- To provide a vehicle for primary health care workers to play a public health advocacy role.

Application for membership will be made on this form and will be forwarded to the Core Group Convenor for acceptance. Membership will be valid for the calendar year of acceptance and the following calendar year.
There is currently no membership fee.

APPLICATION:

I, First name: Family name: of

No. Street Town

Postal Address State/Terr Post code

Ph W (.....) Fax W (.....)

Ph H (.....) Fax H (.....)

Email W@..... Email H@.....

My preferred contact address is (circle one) Postal address / Fax W / Fax H / email W / email H

apply to become a member of the Central Australian Rural Practitioners Association.

Profession group (circle): Administrator / AHW / Dentist / Doctor / Educator / EHO / Nutritionist / OT /
Physiotherapist / Public Health / RAN/RN / Student (of)/

Other - (please specify)

In applying for membership I affirm that I support the Objectives of CARPA and agree to abide by all the rules, policy and by-laws of the Association.

Do you wish to receive the CARPA Newsletter electronically only? Yes / No / Not to receive

Signature: Date: / / 200 ...

Office use:

Received:	Entered in register:	Membership end date:	Receipt:	Reminder note:	Comment:
/ /200	/ /200	/ /200	n/a	/ /200	

Privacy Statement: CARPA collects this information to be able to supply member services that include notification of conferences, education activities and newsletters. Your preferred contact details may be given to third parties only to enable these functions to be done. No information will be given to outside parties for any other reason. If you have any queries please contact the CARPA Convenor at the above address.