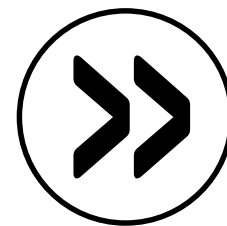


Set up a partner authority



Main member's details (this is the person in whose name the membership is held)

RT membership number Given names

Family name

Date of birth (dd/mm/yy)

Daytime telephone number Email address

Your partner's details

Given names

Date of birth (dd/mm/yy)

Family name

Daytime telephone number

Relationship to main member Email address

Declaration

» I understand that this authority will allow the same level of access to the person nominated on this form as I have, with the exception of being able to suspend or cancel the membership. I understand that I may revoke this authority at any time by writing to RT Health.

Main member please sign here

Partner please sign here

Name (please print)


Name (please print)

Today's date

Today's date

Send your completed form to us by:

 Emailing to help@rthealth.com.au

 Mailing to PO Box 545 Strawberry Hills NSW 2012

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