

Membership Application



Australian Nursing Federation – ACT Branch

ABN: 41 698 088 660

President: A. Rosborough Secretary: J. Miragaya

Miss Mrs Ms Mr Other _____

Surname: _____

Given Names: _____

Preferred Name: _____

Male Female Date of Birth: ____/____/____

Do you identify as Aboriginal or Torres Strait Islander:
Yes No

Postal Address: _____

Suburb _____ State _____ Postcode _____

Home Address: _____

Suburb _____ State _____ Postcode _____

Home Ph: _____ Work Ph: _____

Mobile: _____

Work Email: _____

Home Email: _____

RN/RM ARN EN SEN AIN

Student Associate

Workplace: _____

Ward/Unit: _____

MUST BE SIGNED

1. Declaration

I, the undersigned, apply for membership of the Australian Nursing Federation ACT Branch and agree, if admitted to abide by the rules and regulations of the Australian Nursing Federation. I understand that resignation must be tendered in writing to the Secretary, giving two weeks notice.

2. Professional Indemnity Insurance

I, the undersigned, being a financial member of the Australian Nursing Federation ACT Branch, give notice that I appoint the said Union as my agent for the purposes of accepting notices from the Insurer, the payment of premium and varying the Policy terms in respect of Professional Indemnity Insurance in accordance with the Insurance Contracts Act 1984 and its Regulations. I also undertake to report circumstances of claims made against me as soon as possible to the said Union.

Sign: _____ Date: ____/____/____

OPTION 1 – Direct Debit Request (Fortnightly)

I/We _____ authorise the Australian Nursing Federation ACT Branch (User ID Number 066071) to arrange for funds to be debited from my/our account described in the schedule below, and amount which the Debit User may properly debit or charge me/us through the Direct Debit System for ANF membership fees.

Financial Institution: _____

Account Name: _____

BSB Number: _____ - _____

Account Number: _____

Acknowledgement

By signing this Direct Debit Request I/we acknowledge having read the Direct Debit Request (DDR) Service Agreement* and agree to its terms. I/We authorize and request that this Direct Debit Request remains in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.

Please ensure account details are correct and that this request is signed by the required number of authorised signatories.

Sign: _____ Date: ____/____/____

* The complete Direct Debit Request (DDR) Service Agreement is available on the ACTANF website. It is also available upon request from the ACTANF office or via email actanf@actanf.org.au

OPTION 2 – Credit Card Payment

I hereby authorise ANF ACT Branch to charge my credit card automatically upon receipt of this authorisation for membership fees. In the event of changes to fee rates, I authorise ANF ACT Branch to alter the amount from the appropriate date in accordance with such changes.

Visa MasterCard

Expiry Date: ____/____

Cardholder Name: _____

One Payment – *invoice sent when fees next due*

3 months 6 months 12 months

Automatic Quarterly (every 3 months)

Sign: _____ Date: ____/____/____

OPTION 3 – Payment Attached

Cheque enclosed Money Order enclosed

Cash – *do not send cash though the post – cash can only be accepted over the counter at the ACT ANF office*

REMEMBER – ACT ANF membership fees are fully tax deductible. Fees quoted are inclusive of GST and PII premium.

MEMBERSHIP FEES

	12 Months	6 Months	3 Months	Fortnightly
RN	\$600.68	\$300.34	\$150.17	\$23.10
EN	\$543.70	\$271.85	\$135.92	\$20.91
AIN	\$459.38	\$229.69	\$114.84	\$17.67
ARN	\$522.20	\$261.10	\$130.55	\$20.08
SEN	\$472.85	\$236.43	\$118.21	\$18.19

Aged Care – must be working in an aged care facility

	12 Months	6 Months	3 Months	Fortnightly
RN	\$513.06	\$256.53	\$128.26	\$19.73
EN	\$454.78	\$227.39	\$113.69	\$17.49
AIN	\$392.29	\$196.15	\$98.07	\$15.09

Certificate III = AIN

Associate Membership – \$60.00 per year

- To be an Associate Member, you must be non-practicing, retired, going on unpaid Maternity Leave or on Leave Without Pay. RN's, EN's & AIN's can be Associate Members. You will receive the Australian Nursing Journal mailed to your home address.
- **Associate Membership does not entitle you to professional or industrial services.**

Student Membership – FREE

- Student Membership is for full or part time students studying nursing. You will receive the Australian Nursing Journal mailed to your home address.
- Student membership does not apply to RN's or EN's doing further study.
- **Student Membership does not entitle you to professional or industrial services.**
- You must notify the ACT ANF if you commence any paid nursing work so that your membership can be adjusted.

Proudly sponsored by:



ACT Branch



CONTACTS

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Email: actanf@actanf.org.au

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