



Membership Application

Miss Mrs Ms Mr Other _____

Surname: _____

Given Names: _____

Preferred Name: _____

Male Female Date of Birth: ___/___/___

Do you identify as Aboriginal or Torres Straight Islander?
Yes No

Postal Address: _____

Suburb _____ State _____ Postcode _____

Home Address: _____

Suburb _____ State _____ Postcode _____

Home Ph: _____ Work Ph: _____

Mobile: _____

Home Email: _____

Work Email: _____

RN RM RN & RM EN AIN

Student RN/RM Dual Associate

Workplace: _____

Ward/Unit: _____

THIS SECTION MUST BE COMPLETED:

Are you joining with a pre-existing issue that will require ANMF ACT Branch support?

Yes No

If you are joining with a problem, as per ANMF ACT Branch Policy (please refer to website), you must pay 12 months fees in advance and will receive telephone advice only.

MUST BE SIGNED

1. Declaration

I, the undersigned, apply for membership of the Australian Nursing & Midwifery Federation ACT Branch and agree, if admitted to abide by the rules and regulations of the Australian Nursing & Midwifery 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 & Midwifery Federation ACT, 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)

[not available if joining with a pre-existing issue]

I/We _____ authorise the Australian Nursing & Midwifery Federation ACT (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 ANMF 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: _____

Sign: _____

Date: ___/___/___

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

OPTION 2 – Credit Card Payment

[if joining with a pre-existing issue this option is only available as one payment of 12 months]

I hereby authorise ANMF ACT to charge my credit card automatically upon receipt of this authorisation for membership fees. In the event of changes to fee rates, I authorise ANMF ACT 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

[if joining with a pre-existing issue must pay 12 months]

Cheque enclosed Money Order enclosed

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

MEMBERSHIP FEES

	12 Months	6 Months	3 Months	Fortnightly
RN/RM	\$678.08	\$339.04	\$169.52	\$26.08
EN	\$616.72	\$308.36	\$154.18	\$23.72
AIN	\$525.20	\$262.60	\$131.30	\$20.20

Aged Care – must be working in an aged care facility

RN/RM	\$649.48	\$324.74	\$162.37	\$24.98
EN	\$531.96	\$265.98	\$132.99	\$20.46
AIN	\$443.04	\$221.52	\$110.76	\$17.04

Certificate III = AIN

Dual Membership - \$169.52 per year

- Dual Membership is for nurses working in sectors other than the health care sector eg education sector, who currently hold membership with another union but wish to become an ANMF ACT member for the purposes of obtaining Professional Indemnity Insurance (PII), maintaining professional contact eg ANMF journals and newsletters, and access to industrial advice specific to the professions of nursing and midwifery.
- Dual Membership will be made available to members of other unions upon presentation of evidence showing the member is a full financial member of that union. Full membership should be maintained with the union covering the position where the member works the majority of their hours.

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, RM's, EN's & AIN's can be Associate Members. This is a subscription only membership – you will receive the Australian Nursing & Midwifery Journal (ANMJ) and the ANMF ACT newsletter "The Collective Perspective".
- **Associate Membership does not entitle you to professional or industrial services and precludes participation in ANMF elections.**

Student Membership – FREE

- Student Membership is for full or part time students studying nursing. This is a subscription only membership – you will receive the Australian Nursing & Midwifery Journal (ANMJ) and the ANMF ACT newsletter "The Collective Perspective".
- 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 and precludes participation in ANMF elections.**
- You must notify the ANMF ACT if you commence any paid nursing work so that your membership can be adjusted.

Proudly supported by:



Australian
Nursing &
Midwifery
Federation

AUSTRALIAN CAPITAL TERRITORY

MEMBERSHIP
APPLICATION
2016

CONTACTS

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