

OPTIONAL
NOMINATION FOR MEMBERSHIP 2018

Nominator (existing ANMF Member)

Name:.....

ANMF Member Number:.....

Address:.....
.....

Home Phone:.....

Mobile:.....

Email:.....

I wish to nominate.....
for membership of the ANMF ACT Branch (as per attached
Membership Application).

I understand that once the application has been accepted by the
ACT Branch of the Australian Nursing and Midwifery Federation, I
will receive a \$25.00 Westfield Shopping Voucher.*

Signed.....

Date/...../.....

*Offer not available to ANMF ACT Branch staff

OFFICE USE ONLY

Application form processed Voucher number:.....

Westfield voucher sent Date/...../.....

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