



MEMBERSHIP APPLICATION 2018

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 limited advice only.

*For payment please refer to option 1 or 3.

Personal Details

Miss Mrs Ms Mr Other

Surname

Given Names

Preferred Name

Date of Birth

Gender M F X

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

Workplace

Ward/Unit

RN RM RN & RM EN AIN

Student Dual Union Associate

Home Address

Suburb

State Postcode

Postal Address

State Postcode

Mobile

Work Ph

Home Ph

Work Email

Home Email

THIS SECTION 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 week's notice.

2. Professional Indemnity Insurance

I, the undersigned, being a financial member of the Australian Nursing & Midwifery Federation ACT Branch, give notice that I appoint the said Union as my agent for the purpose 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

Payment

Option 1 - Credit Card Payment

If joining with pre-existing issue this option is only available as one payment of 12 months in advance.

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 charges.

Visa Mastercard

Card Number

Expiry Date

Cardholder Name

3 Months 6 Months 12 Months

(3,6 & 12 Months above on receipt of invoice from ANMF ACT)

Automatic Quarterly (every 3 months)

Sign

Date

Payment continued

Option 2 - 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

Account No.

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 authorise 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 3 - Payment Attached

12 months pre-payment required when joining with pre-existing issue.

Cheque enclosed

Money Order enclosed

Cash

Do not send cash through the post. Cash can be accepted over the counter at the ANMF ACT Branch Office.

Dual Membership - \$175.62 per year

- Dual membership is for nurses working in sectors other than the health care sector e.g. 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 e.g. ANMF journals and newsletters, and access to 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

- Associate Membership may be available to members who are non-practicing, retired, going on Maternity Leave or on Leave Without Pay. This is a subscription only membership. You will receive the ANMF ACT newsletter 'The Collective Perspective', and Branch updates.
- 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. This is a subscription only membership. You will receive the Australian Nursing & Midwifery Journal (ANMJ) and the ANMF ACT newsletter 'The Collective Perspective' and Branch updates.
- 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 work so that your membership can be adjusted.

Membership Fees 2018

	12 Months	6 Months	3 Months	Fortnightly
RN/RM	\$702.47	\$351.24	\$175.62	\$27.02
EN	\$637.12	\$318.56	\$159.28	\$24.50
AIN	\$540.41	\$270.21	\$135.10	\$20.79

Aged Care (must be working in an aged care facility)

	12 Months	6 Months	3 Months	Fortnightly
RN/RM	\$668.72	\$334.36	\$167.18	\$25.72
EN	\$547.84	\$273.92	\$136.96	\$21.07
AIN	\$449.47	\$224.74	\$112.37	\$17.29

Certificate III/IV = AIN

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