



MEMBERSHIP APPLICATION FORM 2019

THIS SECTION MUST BE COMPLETED

Are you joining with a pre-existing issue?

Yes No

If you are joining with a workplace issue, please refer to the ANMF ACT Branch website for the relevant policy.

Copies of the policy can be obtained by contacting the ANMF ACT Branch Office via phone or 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, and will take effect two weeks after the notice is received by the Branch Secretary.

2. Professional Indemnity Insurance

The Insured and the Insurer agree that the Australian Capital Territory Branch of the Australian Nursing and Midwifery Federation act as agent for their respective Eligible Members under this policy for the purposes of accepting notices from the Insurer, the payment of premiums and the varying of Policy terms.

This policy provides Professional Indemnity Insurance on a "Claims Made" basis. This means that the policy covers you for Claims made against you during the period of cover.

Further details on the ANMF ACT Branch Professional Indemnity Insurance Policy can be obtained by contacting the Branch via phone or email.

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 Student

RN & RM EN Associate

Dual Membership AIN

Home Address

Suburb

State Postcode

Postal Address

State Postcode

Mobile

Work Ph

Home Ph

Work Email

Home Email

Sign

Date

Payment

Option 1 - Credit Card Payment

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)

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.

Bank Name

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.

*DDR Service Agreement is available through the ANMF ACT Branch website.

Sign

Sign

Date

Option 3 - Payment Attached

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.

Membership Fees 2019

	12 Months	6 Months	3 Months	Fortnightly
RN/RM	\$728.04	\$364.02	\$182.01	\$28.00
EN	\$660.29	\$330.15	\$165.07	\$25.40
AIN	\$560.08	\$280.04	\$140.02	\$21.54

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

Dual Membership - \$175.62 per year

- Dual membership is for nurses or midwives 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.
- 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 and for some types of leave.
- 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.
- Student Membership does not apply to RNs or ENs doing post-graduate or 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.

Submitting your application form

Completed application forms can be submitted by via email, post or by simply stopping by the Branch office between 9am - 5pm Monday to Friday.

Email Address: anmfact@anmfact.org.au

Postal Address: PO Box 4, WODEN, ACT 2606

Branch Office: 2/53 Dundas Court, PHILLIP, ACT 2606