



**THIS SECTION MUST BE COMPLETED**

Are you joining with a pre-existing issue?

Yes  No

The ANMF does not provide services or insurance cover (e.g. Professional Indemnity Insurance/travel) for matters arising prior to joining.

**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 Branch 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.

Further details on the ANMF ACT Branch Professional Indemnity Insurance Policy can be obtained by contacting the Branch directly.

Sign

Date

**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  Dual Affiliate

RN & RM  EN  Associate

Student Affiliate  AIN

Home Address

Suburb

State  Postcode

Postal Address

State  Postcode

Mobile

Work Ph

Home Ph

Work Email

Home Email

Preferred Email Work  Home

**Payment Options**

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. Members will be advised, via their preferred email address, of fee increases in advance.

**Option 1 - Direct Debit Request (Fortnightly)**

I/We,  Name(s) of account holder(s)  
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 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

## Payment Continued

### Option 2 - Automatic Credit Card Payment

Card Number

Expiry Date

Cardholder Name

**Automatic payment every:**

3 Months  6 Months  12 Months

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.

## 2020 Membership Fees

Public and Private	Fortnightly	3 Monthly	6 Monthly	12 Monthly
RN/RM	\$28.76	\$186.92	\$373.85	\$747.70
EN	\$26.08	\$169.53	\$339.06	\$678.12
AIN	\$22.12	\$143.80	\$287.60	\$575.20

Aged Care	Fortnightly	3 Monthly	6 Monthly	12 Monthly
RN/RM	\$26.23	\$170.52	\$341.05	\$682.09
EN	\$21.49	\$139.70	\$279.40	\$558.80
AIN	\$17.49	\$113.72	\$227.43	\$454.86

## Submitting your Application Form

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

Email: [anmfact@anmfact.org.au](mailto:anmfact@anmfact.org.au)

Post: PO Box 4, Woden, ACT 2606

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

## Dual Union Affiliate - \$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.

## Associates - \$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 Affiliate - FREE

- Student Affiliation is for full or part time students.
- Student Affiliation does not apply to RNs or ENs doing post-graduate or further study
- Student Affiliates are not entitled to services, insurance and do not have rights to participate in ANMF elections.
- Student Affiliates must notify the ANMF ACT if you commence any paid work so that your membership can be adjusted.