

**OPTIONAL**  
**NOMINATION FOR MEMBERSHIP 2020**

**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	
<input type="checkbox"/> Application form processed	Voucher number:.....
<input type="checkbox"/> Westfield voucher sent	Date ...../...../.....

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