



INTERSTATE TRANSFER

By submitting this form, I request the transfer of my membership from the Australian Nursing & Midwifery Federation ANMF, Australian Capital Territory (**ANMF ACT**) Branch to the following State/Territory:

NSW (NSWNMA) ☐ NT (ANMF NT) ☐ QLD (QNMU) ☐ SA (ANMF SA) ☐

TAS (ANMF TAS) ☐ VIC (ANMF VIC) ☐ WA (ANF WA) ☐

PERSONAL DETAILS

Title: _____ First Name: _____ Surname: _____

Other Names: _____ AHPRA Registration No.: NMW _____

Membership Number: _____ Date of Birth: ____/____/____

Do you identify as an Aboriginal an/or Torres Strait Islander ☐

Gender: Female ☐ Male ☐ X/Other ☐

New Address: _____

Email address: _____ Mobile Phone No: _____

EMPLOYMENT DETAILS

Classification: RN ☐ Midwife ☐ EN ☐ AIN ☐

New place of employment (incl. ward/unit): _____

Commencement Date: ____/____/____ Intended hours to be worked per week: _____

Comments: _____

ACKNOWLEDGEMENT

☐ I understand that my membership with ANMF ACT will be ceased upon submitting this request and transferred to the above-nominated State/Territory.

Please return this form to anmfact@anmfact.org.au or PO Box 4, Woden ACT 2606