



# Australian Nursing & Midwifery Federation

AUSTRALIAN CAPITAL TERRITORY

## MEMBERSHIP APPLICATION 2022

02 6282 9455 | [anmfact@anmfact.org.au](mailto:anmfact@anmfact.org.au) | [anmfact.org.au](http://anmfact.org.au)

2/53 Dundas Court, Phillip ACT 2606

PO Box 4, Woden ACT 2606

ABN 41 698 088 660

Authorised by Matthew Daniel, ANMF ACT Branch Secretary, 2/53 Dundas Court, Phillip ACT 2606

### THIS SECTION MUST BE COMPLETED

Are you joining with a pre-existing issue?

Yes  No

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

### Personal Details

Miss  Mrs  Ms  Mr  Mx

Other

Surname

Given Names

Preferred Name

Date of Birth

Gender M  F  X

Do you identify as Aboriginal and/or Torres Strait Islander?

Yes  No

Home Address

Suburb

State  Postcode

Mobile

Work Phone

Home Phone

Work Email

Home Email

Preferred Email Work  Home

Postal Address

Suburb

State  Postcode

### Employment Details

Workplace

Ward/Unit

RN  RM  RN & RM

EN  AIN  Student Nurse/Midwife\*

AHPRA Registration No (RN/RM/EN only)

\*Students who are employed in a paid undergraduate student nurse/midwife role.

### 2022 Membership Fees

Public and Private	Fortnightly	3 Monthly	12 Monthly
<b>RN/RM</b>	\$30.33	\$197.16	\$788.62
<b>EN</b>	\$27.51	\$178.81	\$715.23
<b>AIN</b>	\$23.33	\$151.67	\$606.68

Aged Care	Fortnightly	3 Monthly	12 Monthly
<b>RN</b>	\$27.11	\$176.20	\$704.78
<b>EN</b>	\$22.21	\$144.35	\$577.39
<b>AIN</b>	\$17.93	\$116.58	\$466.30

### Undergraduate Student Nurse/Midwife\*

Fortnightly	3 Monthly	12 Monthly
\$11.48	\$74.62	\$298.47

\*Students who are employed in a paid undergraduate student nurse/midwife role.

## 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 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.

### 3. Contact Details

I acknowledge my obligation to notify the ANMF ACT Branch of any changes to my contact details and that I may become unfinancial if the Branch is unable to contact me.

Sign

Date:

## 2 PAYMENT OPTIONS

Please complete your preferred payment option on the following sections of this application form.

### Payment Option 1 - 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 membership fee payment schedules, and amount which the Debit User may properly debit or charge me/us through the Direct Debit System for ANMF ACT membership fees.

Bank Name   
  
Account Name   
  
BSB   
Account No.

#### Acknowledgement

By signing this Direct Debit Request, I/We acknowledge having read the Membership Fees 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.

In the event of changes to membership fee rates, I/We 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.

I/We authorise the ANMF ACT to make irregular membership fee payments to align individual membership fee payments with the ANMF ACT membership fee payment schedules or to ensure members remain financial according to the ANMF Federal Rules and Branch requirements.

Please ensure that this request is signed by the required number of authorised signatories.

\*\*Membership Fees Service Agreement is available through the ANMF ACT Branch website.

Sign

Date:

Sign

Date:

### Payment Option 2 - Automatic Credit Card Payment

I, ,  
authorise the Australian Nursing & Midwifery Federation ACT (User ID Number 066071) to charge my credit card on my preferred automatic payment option selected below for ANMF ACT membership fees.

Card Number   
  
Expiry Date   
Cardholder Name

#### Automatic payment every:

3 Months

12 Months

Sign

Date:

#### Acknowledgement

By signing this Credit Card Authorisation Request, I acknowledge having read the Membership Fees Service Agreement\*\* and agree to its terms. I authorise and request that this Credit Card Authorisation Request remains in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.

In the event of changes to membership fee rates, I authorise the 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.

I authorise the ANMF ACT to make irregular membership fee payments to align individual membership fee payments with the ANMF ACT membership fee payment schedules or to ensure members remain financial according to the ANMF Federal Rules and Branch requirements.

Please ensure that this request is signed by authorised signatory.

\*\*Membership Fees Service Agreement is available through the ANMF ACT Branch website.

Sign

Date: