



Australian Nursing & Midwifery Federation

AUSTRALIAN CAPITAL TERRITORY

MEMBERSHIP APPLICATION 2023

02 6282 9455 | anmfact@anmfact.org.au | 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

If you are a financial member of the ANMF in another state/territory Branch and would like to transfer your membership to the ACT Branch, please contact your respective state/territory Branch to request the transfer of your membership.

Have you previously been a member of ANMF ACT? Yes No

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

Title

Miss Mrs Ms Mr Mx

Last Name

First Name

Middle Name

Preferred Name

Date of birth (DD/MM/YYYY)

Gender

M

F

X

Do you identify as LGBTQIA+?

Yes

No

Prefer not to say

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

Yes

No

Contact Details

Home address

Address Line 1

Address Line 2

Suburb

State

Postcode

Email

Mobile

Work phone

Postal address (if different to home address)

Address Line 1

Address Line 2

Suburb

State

Postcode

Employment Details

Workplace

Ward/Unit

Classification

Assistant in Nursing - Public or Private Sector

Assistant in Nursing - Aged Care Sector

Enrolled Nurse - Public or Private Sector

Enrolled Nurse - Aged Care Sector

Registered Nurse - Public or Private Sector

Registered Midwife - Public or Private Sector

Registered Nurse and Registered Midwife - Public or Private Sector

Registered Nurse - Aged Care Sector

Undergraduate Student Nurse* - Public Sector

Undergraduate Student Midwife* - Public Sector

*Students who are employed in a paid undergraduate student nurse/midwife role in the Public Sector, working in agreed COVID specific roles/workplace.

Relevant Qualification (for AIN only)

Do you have secondary employment? Yes No

Secondary Workplace

Ward/Unit

THIS SECTION MUST BE SIGNED

1. Declaration

I understand that I have applied 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. Rules and regulations of the Australian Nursing and Midwifery Federation are available through the ANMF website.

I understand that membership resignation must be tendered in writing to the Branch Secretary to anmfact@anmfact.org.au and will take effect two weeks after the notice is received by the Branch Secretary.

I understand that it is my responsibility to ensure that I have selected the correct Professional Classification and Sector to ensure that I am paying the correct membership fees.

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.

Signature

Date

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2023 Membership Fees

Public and Private	Fortnightly	3 Monthly	12 Monthly
RN/RM	\$31.15	\$202.48	\$809.91
EN	\$28.25	\$183.64	\$734.54
AIN	\$23.96	\$155.77	\$623.06

Aged Care	Fortnightly	3 Monthly	12 Monthly
RN	\$27.84	\$180.95	\$723.81
EN	\$22.81	\$148.25	\$592.98
AIN	\$18.42	\$119.72	\$478.89

Undergraduate Student Nurse/Midwife*

Fortnightly	3 Monthly	12 Monthly
\$11.79	\$76.63	\$306.53

*Students who are employed in a paid undergraduate student nurse/midwife role in the Public Sector, working in agreed COVID specific roles/workplace.

**Payment Option 1
Direct Debit Request (fortnightly)**

Account Holder Name

Financial Institution Name

BSB Number

Account Number

- I/We provide the ANMF ACT Service ID: 100177627 with valid instruction in respect to my Direct Debit Request and confirm that I/We am/are the authorised person/s to operate on the nominated account.
- I/We have read, understood and agree to the terms and conditions set out in this Request, including terms and conditions governing Direct Debit arrangements as outlined in the ANMF ACT Membership Fees Service Agreement.*
- I/We authorise and request the ANMF ACT Service ID: 100177627 to arrange a debit from my nominated account to pay membership fees and request that this arrangement 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 the ANMF ACT to alter the amount from the appropriate date, in accordance with such changes.
- I/We understand that members will be advised via their preferred email address, of fee increases in advance.
- I/We authorise the ANMF ACT Service ID: 100177627 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

Signature

Date

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Signature

Date

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**Payment Option 2
Automatic Credit Card Payment**

Credit Card Type

Mastercard

Visa

Cardholder Name

Card Number

Card Expiry

Automatic payment every

3 Months

12 Months

- I provide the ANMF ACT Service ID: 100177627 with valid instruction in respect to my Credit/Debit Account Request and confirm that I am the authorised person to operate on the nominated account.
- I have read, understood and agree to the terms and conditions set out in this Request, including terms and conditions governing Credit/Debit arrangements as outlined in the ANMF ACT Membership Fees Service Agreement.*
- I authorise and request that the ANMF ACT Service ID: 100177627 to arrange for funds to be debited from my/our nominated Credit/Debit card account and request that this arrangement 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 Service ID: 100177627 to alter the amount from the appropriate date, in accordance with such charges.
- I understand that members will be advised, via their preferred email address, of fee increases in advance.
- I authorise the ANMF ACT ANMF ACT Service ID: 100177627 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.

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

Signature

Date

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