



**CHILD AND FAMILY NURSES ASSOCIATION ACT (CAFNAACT)
Application for Membership/Membership Renewal**

Title	First names _____	Surname _____
Address:	_____	
Postcode:	_____	
Phone number:	H: _____	M: _____
E-MAIL:	_____	
Qualifications		
<input type="checkbox"/>	Registered Nurse	<input type="checkbox"/> Midwife <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/> Student
Child and Family Health Qualification		
<input type="checkbox"/>	Certificate	<input type="checkbox"/> Post graduate <input type="checkbox"/> Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Other _____
Employer:	_____	Position: _____

I hereby apply for: *(please tick the appropriate box)*

- FULL MEMBERSHIP** - is open to any registered nurse whose name appears on the Nursing & Midwifery Register of Nurses (ACT) or equivalent in other States/Territories of Australia, and who holds a post-registration qualification in Child & Family Nursing or equivalent qualifications in Child and Family Nursing as recognised by the CAFNAACT committee.
- STUDENT MEMBERSHIP** - is open to any registered nurse whose name appears on the Nursing & Midwifery Register of Nurses (ACT) or equivalent in other States/Territories of Australia, who is undertaking a course of training or approved programme whereby on satisfactory completion of which would entitle them to recognition as a Child and Family Nurse.

I declare that I **hold current registration** according to the information detailed above and I accept to be bound by the constitution of the Child and Family Nurses Association (ACT) Inc. I understand that all information sought by the Association or by the Committee of the Association, in relation to my application shall for all purposes remain confidential.

Signature: _____ Date: _____

Annual Fee \$75 Full \$55 Student (Tax deductible)	Membership Period 01/03/2015 to 31/03/2016
Payment Method – Please select one of the following payment methods:	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Cheque	Please make cheques payable to Child and Family Nurses Association ACT
<input type="checkbox"/> EFT	BSB: 032778 - Account Number: 367176
NB: Please ensure your name is used as a reference when transferring funds by EFT	
Please post application to the Treasurer Child & Family Nurses Association (ACT) Inc. (CAFNAACT) PO Box 873 Jamison Centre ACT 2614	

OFFICE USE ONLY

Membership number Date

CHILD AND FAMILY NURSES ASSOCIATION ACT (CAFNAACT) PO BOX 873 JAMISON CENTRE ACT 2614