

Tasmanian College of Child and Family Health Nurses



Member Application Form

Membership is open to Nurses who are eligible for registration with the Nursing and Midwifery Board of Australia who have qualifications or equivalent professional experience in the area of Child and Family Health Nursing

Affiliated membership is offered to Child & Family Health Post Graduate Students, other Registered Nurses and Enrolled Nurses who have an interest in this area of Nursing

Membership includes associate membership Maternal, Child and Family Health Nurses Australia and members will receive the Australian Journal of Child and Family Health Nursing

Membership is renewable annually on July 1

Annual Membership Fee: \$50.00

Please complete this Application Form on the return to: Treasurer: Sonia Grierson

Tasmanian College of Child and Family Health Nurses Inc
3 Richardsons Drive Eaglehawk Neck 7179

For further information about membership please contact: President: Heather Ellis

Heather.Ellis@dhhs.tas.gov.au

Applicant Details:

Family Name:.....Given Names:.....

Postal Address:.....

Contact Phone:.....

Work Address:.....

Email:.....

Telephone:.....

Signature:.....

Date:.....

Please tick the box if you **do not** wish your address passed on to the journal editor of the Australian Assoc Maternal and Child Health Nursing ()

I enclose **cheque made payable to: Tas College of Child & Family Health Nurses Inc** () or

I have made **direct deposit to Commonwealth Bank** account no: 067603 28014969 **and have included my initial and Surname for reference** ()