



MCHN VIC

INC (A0060195T)

Membership Application Form

Please complete all sections of the Application Form

PERSONAL DETAILS

First Name _____

Last Name _____

Street _____

Suburb _____ State _____ Postcode _____

Telephone (h) _____ (w) _____

Mobile _____

Email _____

PROFESSIONAL DETAILS

Current place of employment /Position held: _____

OR Current MCH student at: _____

MEMBER DECLARATION

I understand and support MCHN VIC's purposes and have read and understood MCHN VIC's privacy statement and I accept to be bound by the Rules of MCHN VIC Inc. I agree to pay the annual subscription fee. I understand that MCHN VIC Inc. cares about the environment and mostly uses email to communicate with members. If I have supplied an email address, I agree to receive electronic communication from MCHN VIC Inc. More information can be accessed online at www.mchnv.com

Privacy Statement

The National Privacy Principles contained in the Privacy Act 1988 and the Privacy Amendment Act 2014 underpin all matters related to the handling of personal information by MCHN VIC Inc

Signature of applicant _____ Date ___/___/_____

ANNUAL MEMBERSHIP FEE: (Due and payable by June 30 each year)

FULL MEMBERSHIP \$75

ASSOCIATE MEMBERSHIP (Student) \$25 ASSOCIATE MEMBERSHIP (Retired MCH Nurse) \$25

PAYMENT OPTIONS

Payment can be made by cheque or Electronic Funds Transfer

CHEQUE: payable to "MCHN VIC INC". Please be sure to include your name on the back of your cheque.

ELECTRONIC FUNDS TRANSFER: Bendigo Bank BSB: 633-000 Account: 151358066

Please include your name in the account description box.

Please send the completed and signed application form to mchnv.inc@gmail.com or post to:

MCHN VIC INC

PO Box 278

MONT ALBERT VIC 3127