

MEMBER BENEFITS

10% discount on

- College continuing professional development courses
- College merchandise
- professional events
- library literature searches

State of the art library services

- large, comprehensive holding of books and journals
- electronic access
- speedy literature searches – results delivered to you
- access to the historical and archival collection

Access to up-to-date information on professional nursing and health care issues

- free subscription to our quality magazine *nursing.aust*
- professional events examining topical issues
- information via the College website and e-news bulletin

Political and professional representation

- lobbying State and Commonwealth health departments and ministers
- policy and discussion papers on the issues that affect your nursing career, with input from members
- media releases initiating and responding to key health care issues

Affiliation with other health industry and professional organisations

- affiliation with many specialty nursing organisations
- affiliation with community and welfare organisations



The College of Nursing
creating nursing's future

By becoming a member
of the College of Nursing
you can be a part of
creating nursing's future.

Membership
application

www.nursing.edu.au

Membership Services
The College of Nursing
Locked Bag 3030
Burwood NSW 1805

Fax: +61 2 9745 7501
Email: members@nursing.edu.au

www.nursing.edu.au



The College of Nursing creating nursing's future

Membership application

Applicant details must be as they appear on your Authority to Practise. Please complete all sections in BLOCK LETTERS.

Type of membership

- Member Undergraduate Affiliate >
- Ms Miss Mrs Mr Dr Other >

First name

Second name or initial

Date of birth

Maiden/other name

Registration category

- Registered Nurse (Div 1 Vic) Enrolled Nurse (Div 2 Vic) Registered Midwife Nurse Practitioner

Nurse/Midwife registration number

Expiry date

A copy of your current Authority to Practise as a Registered Nurse, Midwife or Enrolled Nurse must accompany your completed application.

Work phone

Work fax

Work mobile

Work email

Work address

City, state & postcode

Home phone

Home fax

Home mobile

Home email

Home address

City, state & postcode

Postal address

City, state & postcode

Employing institution

Position title

Regional/local health service

Department/unit

Specialty

Formal educational qualifications (please do not include continuing education courses)

Post nominals (e.g. RN, BAppSc (Nursing))

Professional affiliations/memberships (please use full titles, not acronyms)

Have you previously been a member of the College?

- No Yes If Yes, when?

Where did you hear about the College?

- Colleague/friend Website Place of employment Conference College publication
- Advertising, where?

I do not wish to receive the College e-news via email.

I am interested in becoming a Fellow of the College and would like to receive some information.

Declaration

- I declare that the information I have provided is to the best of my knowledge true and correct.
- I have attached a copy of my current Authority to Practise.
- I agree that The College of Nursing can verify any details in this application and understand that this information will remain confidential.

Signature

Date

Privacy policy

The College of Nursing collects personal information required only to conduct its business and will not disclose this information to any other party. The College ensures that it retains personal information only as long as necessary and then disposes of it lawfully and securely.

PAYMENT DETAILS

I am applying for annual membership:

- Membership\$185.00
- Undergraduate membership\$88.00
Not applicable for registered or enrolled nurses
- Affiliate membership\$132.00

I enclose a cheque/money order for College membership as indicated above.

OR

I would like to pay by direct debit (form www.nursing.edu.au/membershipforms)

OR

Please debit my: M/card Visa Amex

Amount

Expiry date

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's name

Signature