

| | | | |
|--|---|---------------------|-------------------|
| Title: | First Name: | Second Name: | Surname: |
| DOB: / / | Mobile: | Email: | |
| Postal Address: | | | P/code: |
| Employer: | | Workplace: | Work Area: |
| Qualifications | Registered Nurse <input type="checkbox"/> Registered Midwife <input type="checkbox"/> Registered Nurse & Midwife <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/> AIN (Cert 111) <input type="checkbox"/> non-practicing <input type="checkbox"/> | | |
| Are you joining with a pre-existing issue that will require ANMF NT Branch support? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If you are joining with a pre-existing issue, as per ANMF NT Branch Policy (Please refer to website), you must pay 12 months fees in advance and will receive telephone advice only. | | | |
| I understand the following will be emailed to me; ANMF information/surveys, invoices, the ANMJ link & Newsletters, etc: <input type="checkbox"/> | | | |
| I agree to SMS notifications including site visits and notifications: <input type="checkbox"/> | | | |

Professional Indemnity Insurance / Authority to act on my behalf

I, the undersigned, being a financial member of the Australian Nursing & Midwifery Federation (NT Branch), hereby give notice that I appoint the said union as my agent for the purpose of going and accepting notices in respect of Professional Indemnity Insurance in accordance with the Insurance Contracts Act 1984 and its regulations. I undertake to report circumstances of claims made against me as soon as possible to the said union.

In addition to the authority conferred upon the ANMF by the Fair Work Act 2009 and the registered rules of the ANMF to act on my behalf, I hereby authorise the ANMF (NT Branch), its officers, servants and agents to act as my representative as the case may be, in all negotiations with my employer in relation to my salary and terms and conditions of employment. I hereby authorise my employer to provide the ANMF with my current address. This authority will remain in force until countermanded by me in writing with two (2) weeks' notice.

Signature..... **Date**...../...../.....

Please note that payments may start before you have received any confirmation of membership. If this happens this indicates that your membership has been processed and you should receive your membership card very soon after the payments commence.

Direct Debit Request

Authority and request to debit the account named below to pay the Australian Nursing and Midwifery Federation (NT Branch).

I/We.....

Name or Names of member giving the DDR Authorise and request the Australian Nursing and Midwifery Federation (NT Branch), APCA User ID 060174 to arrange for funds to be debited from my/our account held, at the financial institution identified below, through the Bulk Electronic Clearing System (BECS), subject to the terms and conditions of the Direct Debit Service Agreement (Available on our website). I understand I need to provide 2 weeks' notice of any changes to this request.

Signature.....**Date**...../...../.....

Signature.....**Date**...../...../.....

Financial Institution: _____

Address/Branch: _____

Account in the Name of: _____

BSB Number:

Account Number:

Monthly Fortnightly

Credit Card Authorisation

I hereby authorise the ANMF (NT Branch) to debit my credit card periodically for membership fees as specified.

Annually Half Yearly Quarterly

OR

Once only Payment of \$.....

Cardholders name:

Mastercard Visa Expiry Date...../...../.....

Card Number

I hereby authorise the alteration of the amount from the appropriate date in the event of any change in the membership fees. This authority will stand in respect of the above specified credit card issued to me in renewal or replacement thereof, until I notify the ANMF (NT Branch) in writing with two (2) weeks' notice of the cancellation of this authority.

Cardholders Signature:

Date:...../...../.....

Membership Rates

Tax Deductable

ANMF NT Membership rates are subject to change

| A 5% discount is included in the Annual rate* | Credit Card, Cheque or Cash only | | | Direct Debit (Bank account) | |
|---|----------------------------------|-----------|-----------|-----------------------------|-------------|
| | Annual* | Half Year | Quarterly | Monthly | Fortnightly |
| RN/RM | \$644.30* | \$339.20 | \$169.60 | \$56.50 | \$26.10 |
| EN | \$524.70* | \$276.15 | \$138.10 | \$46.05 | \$21.20 |
| AIN Cert/ III | \$261.75* | \$138.45 | \$69.20 | \$23.05 | N/A |
| Aged Care RN/RM | \$560.75* | \$295.15 | \$147.55 | \$49.20 | \$22.70 |
| Aged Care EN | \$457.15* | \$240.55 | \$116.80 | \$40.05 | \$18.45 |
| Aged Care AIN /Cert III | \$244.00* | \$137.90 | \$65.20 | \$21.20 | N/A |
| **Non Practicing | \$80.00 | N/A | N/A | N/A | N/A |

***E.G. Student, Paternity Leave, Retired*

RESIGNATION:

Rule 10.2.1 of the ANMF Rules state that at least two (2) weeks' notice of resignation in writing must be provided to the Branch Secretary. This may be given electronically.

ANMF NT BRANCH

Contact Details

Phone: 08 8920 0702

Toll Free: 1800 639 631

Email: membership@anmfnt.org.au

Postal: PO Box 42533

Casuarina NT 0811

Address: 16 Caryota Court

Coconut Grove NT 0810

Website: www.anmfnt.org.au

The Australian Nursing and Midwifery Federation NT Branch

The union for nurses, midwives & assistants in nursing (AIN's) Cert III – promotes & defends the industrial, professional, social, political & democratic values & interests of members.

Your Membership Benefits

- Professional advice
- Industrial representation (worksite visits)
- OH&S & Workers compensation advice & assistance
- Professional Indemnity Insurance – \$10,000,000 any one claim and in the aggregate (with four reinstatements)
Public Liability - \$10,000,000 any one occurrence
- Legal Assistance, Scholarships, Will reimbursement (conditions apply)
- Up to date information on issues via the Australian Nursing and Midwifery Journal and bi monthly NT Branch Newsletter
- Telephone advice
- Professional Development on line
- Special interest groups
- Members training & education
- Access to consumer services such as Fleet Network, Hesta and Nurses & Midwives Health

**We are the largest
Australian Union here to
Support You**

**ANMF
The Union for Nurses,
Midwives & AIN's (Cert 111)**

**Join over 300,000
Registered Nurses, Enrolled
Nurses, Midwives &
AIN's (Cert 111) Australia
wide in a professional
union organisation**

**We stand up for your rights
and fairness in the workplace**

**Members and workplaces
enjoy better pay and
employment rights at work**

Authorised by Cath Hatcher
Branch Secretary ANMF NT Branch



Australian
Nursing &
Midwifery
Federation
NORTHERN TERRITORY

NT Branch

2022/2023

Membership Form

***Nurses & Midwives
Breathing New Life into
Workers' Rights &
Australia's Health***

JOIN NOW