



# AUSTRALIAN NURSING & MIDWIFERY FEDERATION NORTHERN TERRITORY BRANCH

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## REVIEW OF MEMBERSHIP DETAILS

MEMBER NO: NT00 .....

TITLE: Ms/Miss/Mrs/Mr. ....

DATE OF BIRTH: .....

NAME: .....  
(Please Print Full Name)

POSTAL ADDRESS: .....  
.....

RESIDENTIAL ADDRESS: .....  
.....

EMPLOYER: (Eg DOH) .....

WORKPLACE: (Eg RDH) .....

WORK AREA: (Eg Ward 2/Clinic) .....

PHONE: ..... PH: ..... PH: .....  
(Work) (Home) (Mobile)

Please tick this box if you consent to receiving invoices via email:

Please tick this box if you consent to receiving Member offers via email:

EMAIL: ..... EMAIL: ..... FAX: .....  
(Work) (Home)

STATUS (Please ✓) REGISTERED NURSE  ENROLLED NURSE  MIDWIFE

AIN/CERT III  NON PRACTISING

Any other relevant details; \_\_\_\_\_

Thank you for updating your details with us. Please note it is your responsibility to notify us immediately of changes in your status. No refunds will be given, so please keep us up to date. Thank you for your assistance.

Yvonne Falckh  
NT Branch Secretary