

# AUSTRALIAN NURSING & MIDWIFERY FEDERATION

## NORTHERN TERRITORY BRANCH

Application for Transfer to ANMF NT Branch and Method of Payment Form - July 2015

Current Branch \_\_\_\_\_ Membership No. \_\_\_\_\_

Title \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Ph: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email Home \_\_\_\_\_ Email Work \_\_\_\_\_

Employer \_\_\_\_\_ Work Place \_\_\_\_\_ Work Area \_\_\_\_\_

Nursing Qualifications: (Please tick appropriate box)  Registered Nurse  Enrolled Nurse  Assistant in Nursing  Student

Signature \_\_\_\_\_ Date \_\_\_\_\_ Recruited by \_\_\_\_\_ Method \_\_\_\_\_

### Direct Debit Request

Authority and Request to debit the account named below to pay the Australian Nursing & Midwifery Federation (Northern Territory Branch).

I/We \_\_\_\_\_  
Name of member(s) giving the DDR

authorize and request the Australian & Midwifery Nursing 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 Request Service Agreement.

By signing this Direct Debit Request I/We acknowledge having read and understood the terms and conditions governing the debt arrangements between me/us and the Australian Nursing & Midwifery Federation (NT Branch) as set out in this request and in the Direct Debit Request Services Agreement. Please see other side for the DIRECT DEBIT SERVICE AGREEMENT which must be read before completing the Direct Debit Request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Financial Institution Address & Branch \_\_\_\_\_

Account in the Name of; \_\_\_\_\_  
(Please insert exact name on your account)

BSB Number

Account No.

Monthly  Fortnightly

**Overdue accounts must be paid prior to commencing Direct Debit**

I give permission for the ANMF NT Branch to be informed of my Bank Account / Credit Card details in order to continue periodic payments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16 Caryota Crt COCONUT GROVE NT 0810

PO Box 42533, CASUARINA, Northern Territory 0811

### Credit Card Authorization

Name \_\_\_\_\_  
I hereby authorize the ANMF (NT Branch) to debit my **credit card periodically** for membership fees as specified.

Annually  Half yearly  Quarterly   
Amount \$ \_\_\_\_\_

**OR**  
Once only payment of \$ \_\_\_\_\_

Cardholders Name \_\_\_\_\_

MasterCard  Visa card

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize 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 or replacement thereof, until I notify the ANMF (NT Branch) with two (2) weeks notification in writing of the cancellation of this authority.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

### ANMF NT MEMBERSHIP FEES

As at July 2015

July 2015	Credit Card, Cheque, or Cash			Direct Debit**	
	Annually	Half Yearly	Quarterly	Monthly	Fortnly
<b>RN</b>	\$628.60	\$330.90	\$165.45	\$55.10	\$25.45
<b>EN</b>	\$511.90	\$269.40	\$134.70	\$44.90	\$20.70
<b>AIN / Cert 3</b>	\$255.35	\$135.00	\$67.50	\$22.50	N/A
<i>Aged Care</i>					
<b>RN</b>	\$560.70	\$295.15	\$147.55	\$49.20	\$22.70
<b>EN</b>	\$457.15	\$240.55	\$116.80	\$40.05	\$18.45
<b>AIN / Cert 3</b>	\$244.00	\$126.70	\$63.30	\$21.20	N/A
<b>Non Practising</b>	\$78.00	N / A			

\* eg Maternity leave, or Retired

A 5% Discount is included in the yearly rate.