



Australasian Cardiovascular Nursing College

New Membership Application

CONTACT INFORMATION

Full Name:

Postal Address:

State: Postcode: Country (if not Australia):

Daytime phone: Mobile:

Email:

Workplace:

Position:

MEMBERSHIP

Please select your preferred membership type:

- Full Membership:** available to any nurse. \$100
- Associate Membership:** available to any non-nursing health professional. \$80
- Indigenous Health Worker Membership:** available to any indigenous health worker. \$50
- Student Membership:** available to any undergraduate nursing student at a professional accredited nursing program. **COPY OF STUDENT ID REQUIRED.** \$50

Would you be interested in hosting a local ACNC Education event/seminar at your workplace?

The ACNC can provide support for this. YES NO

* [Pro-rata policy](#) applies for applications submitted between January and June.

PAYMENT

- Direct debit:** A tax invoice including ACNC's bank account details will be emailed to you.
- Credit card:** We accept VISA and MASTERCARD only. Credit card surcharges apply.

Name on Card			
Card Number		Expiry Date	
Signature		CVV	

Please email / fax / post your application form to:

ACNC, PO Box 576, Crows Nest, NSW 1585, Email: secretariat@acnc.net.au, Fax: 02 9431 8677