



# 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. No 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](mailto:secretariat@acnc.net.au), Fax: 02 9431 8677