

**NEW MEMBERSHIP/RENEWAL APPLICATION**

**SECTION A: Please complete the following using block letters**

Title:  First Name:  Surname:

Preferred Name:

Home (Postal) Address:

Suburb:  State:  Post Code:  Country:

Position:  Employer:

Employer Address:

Suburb:  State:  Post Code:

Home Telephone:  Home Fax:  Mobile:

Home Email:

Work Telephone:  Pager:  Work Fax:  Work Mobile:

Work Email:

Preferred Mailing Address:  Home  Work Preferred Email Address:  Home  Work

Approximate percentage of time allocated to nurse education  %

Do you consent to having your name published in the ANTS bulletin?  Yes  No

CATEGORY OF MEMBERSHIP:  1  2  3 (refer to next page for details)

**SECTION B: New Applicants only**

Please supply details of nursing and academic qualifications (For statistical purposes only)

QUALIFICATION	INSTITUTION	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION C: Payment method**

New Application 1 year \$80  New Application 3 years \$200  Renewal 1 year \$70  Renewal 3 years \$200

Paid by:  Cheque/Money order *made payable to* The Australian Nurse Teachers' Society

Credit Card:  Mastercard  Visa

Card Number:  Expiry date:

Card holder's name

Signature of card holder  Date

**Contact Details**

