



Annual Membership Application and Renewal

(Membership is due each financial year i.e. 1st July to 30th June)

Membership gives you access to our professional association and the resources we offer, discount offers on professional development, conferences, on-line education, and events. Members have voting rights at the Annual General Meeting and are eligible to become Board members. Full membership is ideal for people interested in pastoral health and care ministry, faith community nurses, and health professionals working in faith-based settings.

- **Full Membership:** \$30:00 / year [NB membership will be \$50 / year from January 2021]
- **Associate Membership:** \$20:00 / year [Available to valid concession card holders and students]

About You

Please complete this form legibly to ensure your membership is processed accurately. Please answer each question, because this helps us keep an accurate database which enables us to effectively serve you. Your privacy is assured.

Your contact details

First Name:	Last Name:
Preferred title (Mr/Mrs/Ms)	Preferred name:
Date of birth: / / Phone:	Mobile:
Postal Address:	
Suburb/City:	Postcode:
Email (print clearly):	

Your role

Role (tick all that apply): Registered Nurse <input type="checkbox"/> Enrolled Nurse <input type="checkbox"/> Registered Health Practitioner <input type="checkbox"/> Other <input type="checkbox"/>
Years in this role:
Work/ministry setting: hospital <input type="checkbox"/> Aged care <input type="checkbox"/> Community care <input type="checkbox"/> Disability care <input type="checkbox"/> Pastoral care <input type="checkbox"/> Church ministry <input type="checkbox"/> Other <input type="checkbox"/> provide details:
Denomination:
Name of your local Faith Community:

Your AHPRA registration (for registered health professionals only)

AHPRA Registration Yes <input type="checkbox"/> No <input type="checkbox"/> AHPRA Reg. No.:

Your payment details

Amount:	Date of payment:
Donation for the work of AFCNA: Your donations help fund scholarships, resource development and extends our work nationally and internationally	
Payment Type: Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Electronic funds transfer <input type="checkbox"/>	

To transfer funds electronically to AFCNA: **BSB 704 – 922 Account No.100012768**

Please insert your name as reference code. Scan and email or post the Membership Form so we have your correct details. Don't forget to let us know if you change your email address during the year!

AUSTRALIAN FAITH COMMUNITY NURSES ASSOCIATION (AFCNA) PO BOX 2707, KENT TOWN, SA. 5071

Thanks for your ongoing membership. Please encourage your friends and colleagues to join us in this ministry.