****

P.O. Box 2707

Kent Town

S.A. 5071

E: [afcna@outlook.com](mailto:afcna@outlook.com) W: [www.afcna.org.au](http://www.afcna.org.au)

ABN: 25138083256

**AUSTRALIAN FAITH COMMUNITY NURSES ASSOCIATION INC.**

**Annual Membership Application and Renewal**

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

**Membership** gives youaccess 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: $50:00/year**
* **Associate Membership:** **$30:00/year** [Valid concession card holders & students]

**About You**

*Please**print to complete this form 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  Enrolled Nurse  Registered Health Practitioner  Other | | | | | |
| Years in this role: | | | | | |
| Work/ministry setting: Hospital  Aged care  Community care  Disability care  Pastoral care  Church ministry  Other  Provide details: | | | | | |
| Denomination: | | |  | | |
| Name of your local Faith Community: | | | |  | |
| **Your AHPRA registration (for registered health professionals only)** | | | | | |
| AHPRA Registration Yes  No  AHPRA Reg. No.: | | | | | |
| **Your payment details** | | | | | |
| **Amount: Date of payment:** | | | | | https://www.acnc.gov.au/sites/default/files/styles/wysiwyg_image/public/charitytick.jpg?itok=DXvefbp2 |
| **Donation for the work of AFCNA:**  Your donations help fund scholarships, resource development and extends our work nationally and internationally | | | | |
| **Payment Type:** Cheque  Money order  Electronic funds transfer | | | | |  |
| **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.** | | | | | |