



Application for Membership

Join our diverse and supportive community and receive invitations to a range of events throughout the year including the ANZAC Commemorative Service, Scholarships and Awards Evening, lectures and exhibitions. Only Annual and Life Members can attend or vote at our Annual General Meeting.

Name | Title _____ First _____ Last _____

Postal Address | _____

Postcode _____ **Email |** _____

Phone | Home _____ Mobile _____

Professional Qualifications | _____

Level of Membership (please select) Annual \$55 (GST inclusive)

Life \$440 (GST inclusive)

Would you like to include a one-off donation? \$ _____ (Donations of over \$2 are tax deductible)

Select Payment Method |

Cheque (Please make cheques out to: Australian Nurses Memorial Centre)

Cash (Please do not send cash/coins through the mail)

Direct Debit (Please see details below)

Account Name - ANMC Operating Account | BSB - 083-155 | Account number - 51-555-6999

(Please include your full name as 'Information to appear on recipient's statement')

Date of Direct Debit _____ Transaction # _____

VISA Master Card (Please fill in credit card details below)

Card number | _____

Expiry | ____ / ____ CVV | _____

Signature | _____

**Please return completed form to admin@nmc.org.au, or mail to
The Administrator, Australian Nurses Memorial Centre, Suite 11,
431 St Kilda Road, Melbourne Victoria 3004.**

Office use only:
Payment type _____
Receipt # _____
Posted _____
Database _____
NMC staff initials _____