



**AUDIOMETRY NURSES ASSOCIATION of AUSTRALIA (Inc)
APPLICATION FOR MEMBERSHIP**

LAST NAME.....FIRST NAMES

ADDRESS.....

.....POST CODE.....

HOME PHONE ()WORK PHONE ().....

FAX () EMAIL *Please ensure you have provided your correct email address*

To help the environment the 'Ear 'Tis, the Audited Annual Accounts and other communications will be sent via EMAIL

I am a: Registered Nurse Enrolled Nurse Other (e.g. current ACN Student)

QUALIFICATIONS:

For Full Membership: I enclose a copy of my Audiometry Nursing qualifications

For Associate Membership: I enclose a copy of my Professional Qualifications

Reason/s for joining ANAA Inc as Assoc Member:

Current Position/Title.....

Employer.....

<p style="text-align: center;">Complete if you are an RN/EN with a qualification in audiometry</p> <p style="text-align: center;">NEW MEMBER</p> <p><input type="checkbox"/> I apply for membership of ANAA Inc</p> <p>Nominated by..... (Current <u>full</u> member's name)</p> <p>Member's signature.....</p> <p>New member's signature.....</p> <p style="text-align: center;">Annual fee \$55 Due 1st July</p>	<p style="text-align: center;">Complete if you are NOT a qualified Audiometry Nurse</p> <p style="text-align: center;">NEW ASSOCIATE MEMBER</p> <p><input type="checkbox"/> I apply for membership of ANAA Inc</p> <p>Nominated by..... (Current <u>full or assoc.</u> member's name)</p> <p>Member's signature.....</p> <p>New member's signature.....</p> <p style="text-align: center;">Annual fee \$40 Due 1st July</p>
<p style="text-align: center;">RENEWING MEMBER</p> <p><input type="checkbox"/> I apply for renewal of ANAA Inc full membership</p> <p>Signature</p> <p style="text-align: center;">Annual fee \$55 Due 1st July</p>	<p style="text-align: center;">RENEWING ASSOCIATE MEMBER</p> <p><input type="checkbox"/> I apply for renewal of ANAA Inc associate membership</p> <p>Signature</p> <p style="text-align: center;">Annual fee \$40 Due 1st July</p>
<p>LIFE MEMBER Signature:</p>	

Please make:

Cheques payable to: **Audiometry Nurses Association of Australia Inc**

EFT payments to: **Audiometry Nurses Association of Australia Inc, BSB : 802-298, Account Number : 43834**

***Reference for EFT payment:** Initial of first name then as many letters of surname as you can fit on form

Post or email membership details to: **julia.cunningham@hnehealth.nsw.gov.au**

Julia Cunningham 58 Stronach Avenue, East Maitland 2323

OFFICE USE ONLY

Date Payment Received	Amount	Cash	Cheque/Money Order	EFT	Direct Credit	Receipt (upon request only)

Copy of Constitution sent to member? Yes No (New member Yes Date sent:.....)

Evidence of qualifications received by Membership Secretary? Yes No

Type of membership: Full Associate Life Financial to 30/06/2018

Comment:.....

Date Banked On ANAA Inc Bank Statement:..... Signed:.....

N.B. If membership lapses beyond 30th September, applicant MUST re-apply for membership