

COMMUNITY HEALTH NURSES
Special Interest Group
Victoria

MEMBERSHIP APPLICATION FORM

All nurses who are ANF members are eligible for membership

Annual fee: \$30 (Renewable 1st July of each year)

Cheque/money order payable to: Community Health Nurses SIG

Mail to: Community Health Nurses SIG, C/o Australian Nursing
Federation (Vic. Branch), PO Box 12600, A'Beckett
Street P.O., Melbourne 8006

(Block letters please)

NAME _____

ADDRESS _____

_____ **POSTCODE** _____

TELEPHONE (work) _____
FAX _____
E-MAIL _____

EMPLOYER _____

POSITION HELD _____

CLASSIFICATION _____

ANF MEMBERSHIP No. _____