



Nurses for Contenance

ANF (Vic Branch) Special Interest Group

Stephen Marburg
Treasurer- Nurses for Contenance
PO Box 4405
Hoppers Crossing 3029

Membership

- Membership is valid from 1st July until 30th June each year
- The annual membership fee must be received before June 30 of the due year.
- Late renewal of membership after 1st July will be \$55.00
- New members joining after 1st April will have membership for the next financial year included.
- Membership of NFC entitles you to:
 - Newsletters
 - Attendance at education sessions / meetings
 - Voting rights at the AGM of NFC (Vic) and ANFC
 - Apply for Professional Development Grants

- ☐ Nurses for continence groups exist in all states as supporting networks to nurses that have an interest in continence promotion and people living with an elimination problem.
- ☐ The group welcomes nurses from all practice settings who have an interest in this area. Join us in working to improve the quality of life for the people for whom we care and the nurses with whom we work.
- ☐ We aim to provide a forum for communication where ideas are exchanged, knowledge is shared and expertise is sought.
- ☐ Meetings involve opportunities for networking and education sessions run throughout the year with topics requested by members.
- ☐ A newsletter is mailed to all members quarterly.
- ☐ Nurses for continence has it's own website: www.anfc.org.au This database provides a secure forum where members can review contact details and interest/expertise areas of other members. NFC will input initial membership details but members are required to update.

Method of Payment: Cheque Credit Card (Please circle) **2011-2012 Membership**

Credit Card Details: Please debit my: Visa Mastercard

Credit Card No: / / / /

Expire Date: / Amount Paid: \$ /

Card Holders Name: _____

(Please Print clearly)

Please make cheque payable to: "Nurses for Contenance (VIC)"

For further information and enquiries contact the Secretary- Elaine Scanlon nfcv.sec@gmail.com

Please forward your completed membership form and cheque/credit card details to the Treasurer at the address above or email: s.marburg@contenance.org.au



NURSES FOR CONTINENCE (VIC BRANCH) 2011-2012

| | |
|---|-------------------|
| <u>NB Please print and complete all fields</u> | |
| First Name | Surname |
| Position/ Title | |
| Place of Work | |
| Work Address | |
| | |
| Work Telephone No. | Work Email |
| Preferred Contact Address (for newsletters) | |
| | |
| Preferred Contact Telephone No. | |
| Preferred email address (for emails via NFC(Vic) or ANFC (Please write clearly) | |
| | |
| THE FOLLOWING INFORMATION IS FOR ANFC WEBSITE ADMINISTRATOR ONLY – will not to be accessible to ordinary members | |
| Year of Birth (YYYY) | |
| Year you joined ANFC (can be approximate) | |
| | |
| Date of this Application/ Renewal | |
| | |
| Signature | |
| The information you have provided will be included on both your State/Territory database and on the ANFC national database. | |
| Membership Fees | |
| Registered Nurses \$ 50 | |
| Late renewal (> July 1 st)\$55 | |
| (\$15.00 of your membership fee will be paid on your behalf giving you automatic membership to Australian Nurses For Continence) | |