

# Annual Subscription 2009



I wish to  become a member  renew my membership with the VSN

## Full Membership:

Registered Nurse Div 1  Div 2  Div 3

Please include current registration details ID number.....

Are you an ANF member Yes  No  Membership Number .....

## Associate Membership:

Registered Nurse Div 1  Div 2  Div 3

Please include current registration details ID number.....

First Aider Level 1  Level 2  Level 3

Other  Academic, Retired member etc.

Details.....

## Personal Details:

Name.....

School / Campus details.....

Mailing Address: (For all correspondence).....

.....

.....

Telephone: (Home).....(Work).....

(Mobile).....

Email.....

NB Name, School and Telephone and Email details will be made available to all members of the group

Please ensure that you complete **all** the details on the form and return it along with payment of \$25.00 made payable to: *Victorian School Nurses S.I.G*

Payment can be forwarded to: Pauline Rahilly (Treasurer VSN)  
Xavier College – Kosta Hall  
47 South Rd; BRIGHTON 3186