

VAMCHN Membership form 2008-2009 Due April

As a financial member of ANF and registered as a Nurse div 1 with endorsements for Midwifery and Maternal and Child Health

I wish to renew my membership

I wish to become a new member

I wish to be an associate member (I am not a member of ANF, but can vote on VAMCHN matters)

I am a Student MCHN

Name: _____

Address: _____

Suburb: _____ Post code: _____

Telephone: Work: _____

Home: _____

Email Address: _____ please update*****

ANF Member Number: _____

PAYMENT \$ 50.00 (Students free)

By cheque -payable to MCH Special interest group.

Direct Banking: Bank details: CBA. BSB: 06 3427. Account No.10050205

Name: ANF Maternal and Child Health Special Interest Group

***Please attach an identifier to deposit and post me any change of address etc.

Credit card No: _____ Visa or MasterCard (please circle)

Expiry date: _____ Amount: _____

Name on credit card: _____ Signature: _____

Please return completed form and payment to:

The Treasurer VAMCHN

Pam Hillis. 2/15 Scott Grove, Glen Iris 3146

Please include a stamped self addressed envelope for receipt.