

Information

Network

Socialise

Ideas

Growth



AUSTRALIAN
NURSING
FEDERATION

ANF (Vic Branch)

For information about the next
meeting check in

“On the Record”

(inside cover)

**For further information and
enquiries contact:**

**Australian Nursing Federation
(Vic Branch)**

Postal Address:

Box 12600 A’Beckett Street PO
Melbourne Vic 8006

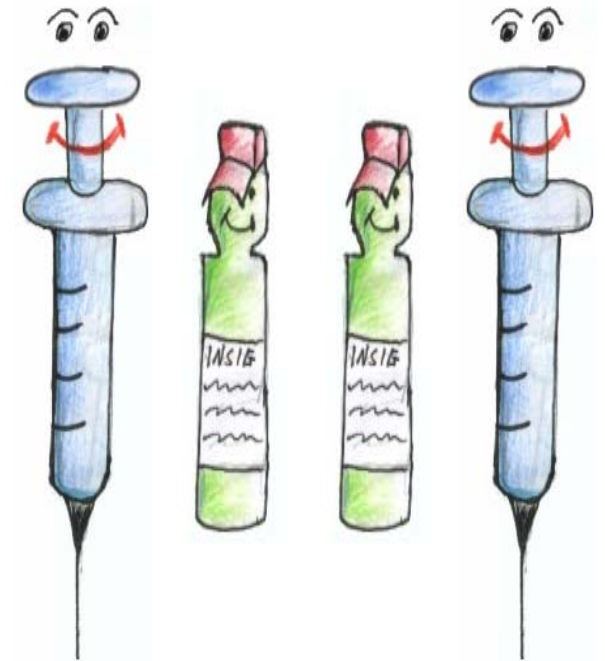
Address:

540 Elizabeth Street
Melbourne Vic 3000

Phone: 03 9275 9333

Fax: 03 9275 9344

www.anfvic.asn.au



**Immunisation
Investing In The Future**

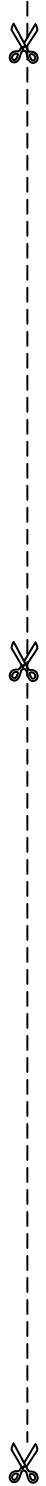


AIMS

To provide a forum which facilitates communication, discussion and encourages professional development for Immunisation Nurses in the State of Victoria.

OBJECTIVES

- To promote recognition of Immunisation Nurses as a professional Nursing specialty and raise our public profile.
- To facilitate professional development with the S.I.G. and Immunisation industry by organizing guest speakers, seminars and workshops.
- To provide an environment in which Immunisation Nurses can network, exchange ideas and seek information.
- To investigate issues of concern and make recommendations.
- To promote special projects and research in the area of Immunisation.



MEETINGS

General meetings are held a minimum of three times a year.

These general meetings may include an educational presentation followed by a business meeting and a light supper.

The minutes of these meetings will be sent/emailed to all financial members.

Details of meetings and seminars are advertised in "On the Record" in the Australian Nursing Journal.

A list of meeting dates and venues will be available on our web site or forwarded on request.



MEMBERSHIP

Membership is open to all Immunisation Nurses who are members of the ANF.

COST: \$35.00 per year -
(1 Sept 2009 to 31 August 2010)
- OR -
\$60.00 for two years -
(1 Sept 2009 to 31 August 2011)

CREDIT CARD PAYMENT AUTHORISATION

If paying by credit card please complete the following:

Name of cardholder: _____

Card Type: VISA MASTERCARD (please circle)

Card No: ___ / ___ / ___ / ___

Expiry Date: ___ / ___

Amount Payable: \$ _____

Signature: _____

APPLICATION FOR MEMBERSHIP

- New membership INSIG**
- Membership renewal**

Name: _____

Address: _____

Postcode: _____

Phone: _____

E-Mail: _____

Workplace: _____

Position Held: _____

ANF Member No _____

Do you wish to be included in our membership mailing list?

- Yes
- No

Membership Fee

- \$35.00 per year (1 Sept 2009—31 August 2010)
- \$60.00 for two years (1 Sept 2009—31 August 2011)

Method of Payment

- Cheque/Money Order *(please make payable to INSIG)*
- Credit Card *(please complete authorisation on opposite page)*

Amount enclosed: \$ _____

Send to

INSIG C/- ANF (Vic Branch)
 Box 12600 A'Beckett Street PO
 MELBOURNE VIC 8006