

National Enrolled Nurse Association of Australia (ANMF-SIG)



Membership of the National Enrolled Nurse Association of Australia (ANMF-SIG) is open to all enrolled nurses, student enrolled nurses and registered nurses who have an interest in enrolled nursing (eg EN educators). Please see the NENA Constitution for further information on membership. The NENA membership year runs from **1 July 2018 to 30 June 2019**. Please complete the details below and forward your membership application along with payment or payment details to the contact details below.

AIMS of NENA

- To provide a forum for sharing information and ideas between members.
- To facilitate participation in seminars, conferences and decision making forums.
- To raise the public profile of enrolled nursing and increase awareness of the value of the role.
- To facilitate participation in projects and research pertinent to enrolled nurses.
- To provide a forum to identify professional needs and to facilitate the development and role enhancement of members in order to secure employment opportunities across a broad range of health care settings.
- To keep members informed, be honest, fair and correct in its communication of information.
- To promote awareness, interest and membership of the National Enrolled Nurse Association (ANMF-SIG) and the Australian Nursing & Midwifery Federation.

Your details

Full name: _____

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (H): _____ Phone (W): _____ Phone (M): _____

Email: _____

Workplace: _____

ANMF member: Yes No ANMF Member number: _____ State: _____

(This includes NSWNMA, QNMU and ANMF members)

Referred By: _____

Would you like to receive future editions of *NENA News* via: Post Electronically

Personal information collected by NENA will only be used to carry out its aims and objectives in representing the interests of enrolled nurses and not for any other purpose.

As a member of NENA, I agree to comply with the rules of the ANMF as registered under the Australian Industrial Relations ACT 1996 and the rules of the ANMF Special Interest Groups.

Signature: _____ Date: _____

Type of membership new member renewing member

Payment method

I have made a **direct deposit** of \$50.00 to: NENA ~ BSB# 087 250 ~ Account# 69716 2754
*please ensure you reference your payment with your first initial and surname

I have enclosed a **cheque/money order** for \$50.00 made payable to NENA (ANMF-SIG)