

Tell us about your organisation

Organisation name

Trading name (if applicable)

Business address

Suburb State Postcode

What's your primary type of work?

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Aged care | <input type="checkbox"/> Hospital | <input type="checkbox"/> Nurse Consultant | <input type="checkbox"/> Skin Health |
| <input type="checkbox"/> Community health | <input type="checkbox"/> Indigenous Health (ACCHS/AMS) | <input type="checkbox"/> Specialist rooms | <input type="checkbox"/> Other |
| <input type="checkbox"/> Correctional facility | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Uni/TAFE/Education provider | |
| <input type="checkbox"/> General practice | <input type="checkbox"/> Primary Health Network | <input type="checkbox"/> Student | |
| <input type="checkbox"/> Government | <input type="checkbox"/> School Nursing | <input type="checkbox"/> Mental health | |

Let's get personal

Who is the primary contact for this organisation membership?

First name Surname Date of birth

Work phone () Organisation email address

Who will be getting membership?

The base organisation membership covers a maximum of 4 members. Additional members can be added at the rate of \$215 per person. Please complete the contact details of each lucky employee that you're covering for membership. For any additional members, please complete their contact details on another application form. The primary contact for the organisation will not be processed as a member unless listed below.

Member One

First name Surname

Date of birth Email address

APHRA Number

Member Two

First name Surname

Date of birth Email address

APHRA Number

Member Three

First name Surname

Date of birth Email address

APHRA Number

Member Four

First name Surname

Date of birth Email address

APHRA Number

Your membership promise* (*declaration)

By becoming a member you agree that all information you have provided us is true and correct to the best of your knowledge, accept the APNA Privacy Policy, agree to APNA's Membership Instalment, Cancellation and Refund Policy, and support the purpose of and agree to comply with the Constitution of APNA. **APNA memberships are not cancellable, or refundable.**

Signature Date

The breakdown: Membership fees

APNA's membership year runs from April 1 to March 31 and new member fees are calculated on a monthly pro-rata basis.

APNA Membership	Join Month 2023					
	Jan	Feb	Mar	Apr	Mar	Jun
Organisation (up to 4 members)	\$860	\$860	\$860	\$788.33	\$716.67	\$645
Additional organisation member	\$215	\$215	\$215	\$197.08	\$179.17	\$161.25
	Jul	Aug	Sep	Oct	Nov	Dec
Organisation (up to 4 members)	\$573.33	\$501.67	\$430	\$358.67	\$286.67	\$215
Additional organisation member	\$143.33	\$125.42	\$107.50	\$89.58	\$71.67	\$53.75

How would you like to pay?

Membership fee payable \$

I'll pay by credit card MasterCard Visa AMEX

Card number Expiry date

CVV Cardholder's name

I've paid via direct deposit on referencing the organisation's name in the transaction description.

BSB: 033 157 Account number: 749 547 Account name: Australian Primary Health Care Nurses Association Ltd

Send me an invoice

Signature Print name Date

Now what?

Send your completed membership application to APNA by:

- Emailing it to membership@apna.asn.au;
- Posting it to Level 17, 350 Queen St, Melbourne VIC 3000

Please ensure you've read APNA's Privacy Policy and Membership Instalment, Cancellation and Refund Policy before submitting your application. The policies can be found online at www.apna.asn.au. They're not the most riveting narratives, but we'll sleep better knowing that you've read them. Once your membership has been processed, we'll be in touch to officially welcome you to the APNA community.