



*"We shall kindle in your hearts a torch whose flame shall be eternal"*

**NURSES MEMORIAL CENTRE**

**ABN 11 004 285 956**

**A Centre for the Nursing Profession  
Honouring Nurses Past, Present and Future**

**Application for Membership**

**NAME:** .....

**ADDRESS:** .....

.....**POSTCODE:** .....

**PHONE: HOME:** .....**BUSINESS:** .....

**MOBILE:** .....**EMAIL:** .....

**SIGNATURE:** .....

**PROFESSIONAL QUALIFICATIONS:**

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**LEVEL OF MEMBERSHIP: (Choose 1).**

**Annual Fee: \$35**

**Life Membership: \$300**

**Send Membership application form and payment (personal/bank cheque, or money order) to:**

**The Secretary  
Nurses Memorial Centre  
Suite 11, 431 St Kilda Road  
Melbourne Victoria. 3004**

**Any enquiries can be directed to the Secretary:**

**Christine Smith**

**03-9866-3756**

**Or**

**Email: [christine@nursesmemorialcentre.org.au](mailto:christine@nursesmemorialcentre.org.au)**