



## APPLICATION FOR MEMBERSHIP

**NAME:** Title: ..... First: ..... Last: .....

**ADDRESS:** .....

..... POSTCODE: .....

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

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

**SIGNATURE:** .....

### PROFESSIONAL QUALIFICATIONS:

.....  
.....  
.....

### LEVEL OF MEMBERSHIP:

Annual Fee (per financial year):      \$35

Life Membership:      \$300

Please send completed membership application form and payment (personal/bank cheque, or money order) to:

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

Enquiries may be directed to Christine Smith or Margaret Uebergang, tel: 03 9866 3756