

I, the undersigned, hereby apply for membership of the Australian Nursing Federation (Industrial Union of Workers Perth) and the Australian Nursing Federation (WA Branch) and agree to abide by the rules and regulations of both organisations.

Membership fees are fully tax deductible

<h3>Membership details</h3> <p>Surname <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input style="width: 150px;" type="text"/></p> <p>Given names <input style="width: 150px;" type="text"/></p> <p>Address <input style="width: 150px;" type="text"/></p> <p><input style="width: 150px;" type="text"/> P/code <input style="width: 50px;" type="text"/></p> <p>Workplace <input style="width: 150px;" type="text"/></p> <p>Home phone <input style="width: 150px;" type="text"/></p> <p>Mobile <input style="width: 150px;" type="text"/></p> <p>Email <input style="width: 150px;" type="text"/></p>	<p><input type="checkbox"/> Registered Nurse</p> <p><input type="checkbox"/> Registered Midwife</p> <p><input type="checkbox"/> Registered Mental Health Nurse</p> <p><input type="checkbox"/> Enrolled Nurse</p> <p><input type="checkbox"/> Enrolled Mental Health Nurse</p> <p><input type="checkbox"/> 24 hours or more per week <input type="checkbox"/> Less than 24 hours per week</p> <p>Signature <input style="width: 150px;" type="text"/></p> <p>Date <input style="width: 100px;" type="text"/></p>
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Please choose one method of payment from the options listed below

Option 1	Fortnightly Direct Debit from Bank Account or Credit Union Account
<p>I/We _____ Date ___/___/___ request that the Australian Nursing Federation / IUWP (User ID No. 015953) ("Debit User"), until further notice in writing to debit my account described in the schedule below, any amount which the Debit User may properly debit or charge me/us through the Direct Debit System for ANF membership subscriptions.</p> <p style="text-align: center;">THE SCHEDULE</p> <p>Name of Financial Institution <input style="width: 150px;" type="text"/></p> <p>Name of Account <input style="width: 150px;" type="text"/></p> <p><small>(Please insert exact name eg WP SMITH)</small></p>	<p>BSB Number <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><small>(6 digit number in front of your account number)</small></p> <p>Account Number <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><small>(Up to 9 digit number)</small></p> <p>ACKNOWLEDGEMENT I/We have read the Service Agreement attached and agree to its terms. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement. Please ensure account details are correct and that this request is signed by the required number of authorised signatories.</p> <p>Signature of Customer(s) <input style="width: 150px;" type="text"/></p>

Option 2	Quarterly Credit Card Authorisation
<p>I hereby authorise ANF/IUWP to charge my credit card automatically upon receipt of this authorisation for subscription up to the end of the current financial quarter and from then hence on the first working day of each quarter. In the event of changes to subscription rates I authorise ANF /IUWP to alter the amount from the appropriate date in accordance with such changes. (Changes to rates are advertised in <i>The Western Nurse</i>)</p>	<p> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard </p> <p>Card Number <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Expiry Date <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p> <p>Cardholder's Name <input style="width: 150px;" type="text"/></p> <p>Cardholder's Signature <input style="width: 150px;" type="text"/></p>

Option 3	Yearly Payment
<p><input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard</p> <p><input type="checkbox"/> Cheque <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><input type="checkbox"/> Credit Card Expiry date <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/></p>	

Option 4	Payroll Deduction <small>(Please note that casual employees are not eligible to pay by payroll deduction)</small>
<p>I hereby authorise the Payroll Clerk to deduct union subscriptions from my fortnightly salary, to be paid to the ANF in accordance with the attached schedule . If the subscription rates are varied by the ANF or my hours change, I authorise the Payroll Clerk to adjust my payments accordingly.</p> <p>Signature <input style="width: 150px;" type="text"/></p>	

MEMBERSHIP TYPE	F/nightly Direct Debit	Payroll Deduction	Monthly Direct Debit	Quarterly Credit Card	Yearly
FULL TIME (greater than 24 hours per week) Registered Nurse (General &/or Mental Health) Registered Midwife	\$15.83	\$17.33	\$34.31	\$102.92	\$411.68
Enrolled Nurse General &/or Mental Health	\$11.48	\$12.94	\$24.87	\$74.62	\$298.48
PART TIME (Less than 24 hours per week) Registered Nurse (General &/or Mental Health) Registered Midwife	\$10.46	\$11.88	\$22.66	\$67.98	\$271.91
Enrolled Nurse General &/or Mental Health	\$8.92	\$9.84	\$19.33	\$57.98	\$231.92

ANF

Membership rates and Direct Debit Service Agreement

- The Australian Nursing Federation Industrial Union of Workers Perth, ABN 79 757 959 435 (ANF) (User ID No 207579) ("Debit User") will initiate direct debit payments in the manner referred to in the Schedule.
- Debit payments will be made when due. The ANF will not issue individual confirmation of payments made.
- The ANF will give members at least 14 days' written notice if the ANF proposes to vary details of this arrangement for any amount in arrears that may have arisen, including the amount and frequency of payments.
- In the event of changes to subscription rates I authorise ANF (WA Branch) to alter the amount from the appropriate date in accordance with such changes. (Changes to rates are advertised in *The Western Nurse*)
- If a member wishes to defer any payment or alter any of the details referred to in the Schedule, the member must ring the ANF on 9218 9444 or toll free 1800 199 145 for country members or write to the ANF at PO Box 8240, Perth Business Centre, 6849.
- Any queries concerning disputed debit payments must be directed to the ANF in the first instance. Members may obtain details of the claims process by contacting the ANF at the above mentioned telephone number.
- Direct debiting through BECS is not available on the full range of accounts at all financial institutions. If in doubt, the member should check with their financial institution before completing this Direct Debit Request.
- Members should ensure that the account details given in the Schedule are correct by checking them against a recent statement from their financial institution, at which the account is held, before completing this Direct Debit Request.
- By signing the Direct Debit Request, the member warrants and represents that he/she/they is/are duly authorised to request the debiting of payments from the account described in the Schedule.
- It is the member's responsibility to have sufficient cleared funds available in the account or credit card to be debited to enable debit payments to be made in accordance with this Direct Debit Request.
- If a debit payment falls due on any day, which is not a business day, the payment will be made on the next business day.
- If a debit payment is returned unpaid, the member may be charged a fee for each unpaid item.
- Members wishing to cancel this Direct Debit Request or to stop individual debit payments must advise the ANF either by telephone or in writing at least 5 working days before the payment is due to be debited.
- Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the ANF will keep details of the member's account or credit card and debit payments confidential.
- By signing the Direct Debit Request, I authorise and request that Australian Nursing Federation ("Debit User"), until further notice in writing to debit my account for any amount which the Debit User may properly debit or change me/us through the Direct Debit System for ANF membership subscription up to the end of the current fortnight/ month from hence on the first day of each fortnight or each month. Furthermore, this Direct Debit Request remains in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.
- By signing Quarterly Credit Card Authorisation, I authorise and request that Australian Nursing Federation, until further notice in writing to charge my credit card for subscription up to the end of the current financial quarter and from hence on the first working day of each quarter. This authority remains in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.
- Members should ensure that the credit card details given in the Schedule are correct by checking them against a recent statement from their financial institution, at which the credit card is held, before completing this Direct Debit Request and the member should ensure to update the expiry dates of the credit card.