



AUSTRALIAN DERMATOLOGY NURSES' ASSOCIATION Inc.

ABN. 73 216 365 975

PO Box 483
BEECROFT NSW 2119
www.adna.org.au

APPLICATION FOR MEMBERSHIP OF DERMATOLOGY NURSES ASSOCIATION INC

I _____
(Full name of Applicant)

Of _____
(Residential address of Applicant)

_____ (State) _____ (Postcode) _____ (Date)

Hereby apply to become a Member of the above incorporated association. In the event of my admission as a Member, I agree to be bound by the rules of the association for the time being in force.

_____ (Signature of Applicant) _____ (Occupation of Applicant) _____ (Phone H)

_____ (Place of Employment)

_____ (Employment Address)

_____ (E-mail address) _____ (Mobile) _____ (Phone W)

I _____
(Full name of Proposer)

A member of the above named Association, nominate the applicant, who is known to me, for membership of the Association. This section is to be used for nomination of **new members only**, not for renewal of membership

_____ (Signature of Proposer) _____ (Date)

ACTIVE MEMBER: A full membership shall be a;
 registered nurse
 enrolled nurse

Voting rights **\$80**

ASSOCIATE MEMBER: Shall be an individual active in the health care of the dermatology patient, who is **not** a Registered Nurse or Enrolled Nurse

Associate Member **\$70**

Membership Year; 1st April – 31st March

Payment Options:

- Cheque/Money Order payable to; **Australian Dermatology Nurses' Association**
- Direct Deposit; Account Name - Australian Dermatology Nurses' Association
Bank Name - Westpac Banking Corporation
BSB # - 032278
Account # - 503610

*please ensure you include your name and transaction / receipt # _____

*please return this form with payment option to; **Australian Dermatology Nurses' Association
PO Box 483
BEECROFT NSW 2119**