

# AUSTRALIAN NURSING FEDERATION

## NORTHERN TERRITORY BRANCH

Application for Transfer to ANF NT Branch and Method of Payment Form - Aug 2008

Current Branch \_\_\_\_\_ Membership No. \_\_\_\_\_  
 Title \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Surname \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Ph: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
 Email Home \_\_\_\_\_ Email Work \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Place \_\_\_\_\_ Work Area \_\_\_\_\_  
 Nursing Qualifications: (Please tick appropriate box)  Registered Nurse  Enrolled Nurse  Assistant in Nursing  Student  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Recruited by \_\_\_\_\_ Method \_\_\_\_\_

### Direct Debit Request

Authority and Request to debit the account named below to pay the Australian Nursing Federation (Northern Territory Branch).

I/We \_\_\_\_\_  
*Name of members(s) giving the DDR*

authorize and request the Australian Nursing Federation (NT Branch) APCA User ID 060174

to arrange for funds to be debited from my/our account held at the financial institution identified below, through the Bulk Electronic Clearing System (BECS), subject to the terms and conditions of the Direct Debit Request Service Agreement.

By signing this Direct Debit Request I/We acknowledge having read and understood the terms and conditions governing the debt arrangements between me/us and the Australian Nursing Federation (NT Branch) as set out in this request and in the Direct Debit Request Services Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Financial Institution Address & Branch \_\_\_\_\_

Account in the Name of; \_\_\_\_\_  
*(Please insert exact name on your account)*

BSB Number

Account No.

Monthly  Fortnightly

### Overdue accounts must be paid prior to commencing Direct Debit

I give permission for the ANF NT Branch to be informed of my Bank Account / Credit Card details in order to continue periodic payments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please see other side for the DIRECT DEBIT SERVICE AGREEMENT which must be read before completing the DIRECT DEBIT REQUEST

### Credit Card Authorization

Name \_\_\_\_\_

I hereby authorize the ANF (NT Branch) to debit my credit card periodically for membership fees as specified.

Annually  Half yearly  Quarterly   
 Amount \$ \_\_\_\_\_

**OR**

Once only payment of \$ \_\_\_\_\_

Cardholders Name \_\_\_\_\_

MasterCard  Visa card

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

I hereby authorize the alteration of the amount from the appropriate date in the event of any change in the membership fees. This authority will stand in respect of the above specified credit card issued to me in or replacement thereof, until I notify the ANF (NT Branch) in writing of the cancellation of this authority.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

### ANF NT MEMBERSHIP FEES

As at August 1 2008

August 2008	Credit Card, Cheque, or Cash			Direct Debit**	
	Annually	Half Yearly	Quarterly	Monthly	Fortnly
<b>RN</b>	\$537.00	\$282.65	\$141.35	\$47.10	\$21.75
<b>EN</b>	\$437.30	\$230.15	\$115.10	\$38.35	\$17.70
<i>Aged Care</i>					
<b>RN</b>	\$493.40	\$259.70	\$129.85	\$43.25	\$19.95
<b>EN</b>	\$402.25	\$211.70	\$105.85	\$35.25	\$16.25
<b>AIN / Cert 3</b>	\$218.10	\$114.80	\$57.40	\$19.15	N/A
<b>Practicing Student</b>	\$154.50	\$77.25	N / A		
<b>Non Practicing*</b>	\$66.65	N / A			

\* eg Student, Maternity leave, or Retired

A 5% Discount is included in the yearly rate.