

AUSTRALIAN NURSING FEDERATION

NORTHERN TERRITORY BRANCH

Application for Transfer to ANF NT Branch and Method of Payment Form - April 2012

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. Please see other side for the DIRECT DEBIT SERVICE AGREEMENT which must be read before completing the Direct Debit Request.

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: _____

16 Caryota Crt COCONUT GROVE NT 0810

PO Box 42533, CASUARINA, Northern Territory 0811

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 2010

August 2008	Credit Card, Cheque, or Cash			Direct Debit**	
	Annually	Half Yearly	Quarterly	Monthly	Fortnly
RN	\$575.25	\$302.80	\$151.40	\$50.45	\$23.30
EN	\$468.45	\$246.55	\$123.30	\$41.10	\$18.95
AIN / Cert 3	\$233.65	\$123.00	\$61.50	\$20.50	N/A
<i>Aged Care</i>					
RN	\$513.15	\$270.10	\$135.05	\$45.00	\$20.75
EN	\$418.35	\$220.15	\$110.10	\$36.65	\$16.90
AIN / Cert 3	\$220.20	\$115.90	\$57.90	\$19.35	N/A
Non Practising	\$71.40	N / A			

* eg Student, Maternity leave, or Retired

A 5% Discount is included in the yearly rate.