

Australian Faith Community Nurses Association Inc



AFCNA

E-mail: afcna@afcna.org.au

P.O. Box 2707, Kent Town, SA 5071. Web: www.afcna.org.au

Membership Application and Renewal 2011 / 2012

(Membership is for the financial year i.e. 1st July to 30th June).

Membership: Two Options

Full Membership offers access to the AFCNA members only site and includes FCN resources, "WholeHealth" newsletter (3 per year), discounted registration for AFCNA events, regular email updates, eligibility to become a Board member and voting rights at the Annual General Meeting. This membership is ideal for those affiliated with a faith community who hold a current nursing qualification, are working as a FCN or a health professional working in health ministry. **\$30:00**

Associate Membership offers limited access to the AFCNA website and resources, discounted registration for all AFCNA events, "WholeHealth" newsletter (3 per year), and voting rights at the Annual General Meeting. This membership is ideal for retired nurses and health professionals, full-time students with a valid student card, or interested persons. **\$20:00**

Prayer Network: AFCNA would not exist without the continued prayer of members and supporters. If you would like to be a part of our prayer network please indicate your willingness below.

*Please note, -It is important to complete the form legibly to ensure your membership is processed appropriately.
Please complete and post to AFCNA: PO Box 2707, Kent Town SA 5071*

Given Name _____ **Surname** _____

Postal Address _____

Suburb _____ **State** _____ **Postcode** _____

Phone _____ **Mobile** _____

Email _____

Occupation _____ **Speciality** _____

Denomination _____ **Local Faith Community** _____

Practicing FCN/Health Ministry: Yes / No **Current AHPRA Registration:** Yes / No

I am happy to be included in AFCNA networking via the AFCNA database Yes / No

Newsletter delivery by: email or Australia Post (please circle preference)

I consent to my details being shared with AFCNA members for inclusion on the AFCNA prayer network: Yes / No

Full Membership **\$30:00**

Associate Membership **\$20:00 concession / student ID #** _____

Donation AFCNA General Fund \$ _____

Payment Type: Cheque / Money order / Electronic funds transfer (please circle)

To transfer funds electronically to AFCNA: BSB 704 – 874; Account NO. 100009636; insert your name as the reference code.