



Queensland Child  
and Family Health  
Nurses Association

## 2021 MEMBERSHIP FORM

**Please note:**

**Membership (1 year)** begins on July 1st 2020 and concludes on June 30th 2021

### WHY JOIN?

- Membership of a professional Child and Family Health Nursing Association, with representation in the Maternal Child and Family Health Nurses Australia (MCAFHNA)
- Voting rights
- Professional Development opportunities
- Community of Practice – a forum for members to voice issues
- Special member discount at the Biennial National MCAFHNA Conference updates
- Subscription to the twice yearly peer reviewed Australian Journal of Child and Family Health Nurses. The journal promotes best practice through reporting up-to-date research and useful practice information

### MEMBERSHIP CATEGORIES AVAILABLE:

*(Please indicate)*

- Full membership (1 year) \$ 60.00
- Associate membership \$ 40.00  
(Students, other stakeholders)

**Please note:**

### QUALIFICATIONS:

*(Please indicate all that apply)*

- RN
- RM
- Hospital Based Certificate
- Bachelor or Degree
- Post Graduate Certificate
- Post Graduate Diploma
- Masters
- PhD
- Current Student

### MEMBERSHIP APPLICATION

- I wish to **apply** for membership of QCAFHNA.
- I wish to **renew** my membership with QCAFHNA.

### YOUR DETAILS

Name

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Address

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Telephone H:

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W:

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M:

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Email H:

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W:

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Signature

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Date

### PAYMENT:

- Cheque/Money Order
- EFT/Bank Transfer

**Account Name:** Queensland Child & Family Health Nurses Association

**BSB:** 034-215

**Account Number:** 468 992

**Reference:** Please include name in money transfer

**To finalise your membership, please scan and email your completed form to: [qcafhna@gmail.com](mailto:qcafhna@gmail.com)**

**PLEASE COMPLETE THE INFORMATION ON THE REVERSE PAGE →**



## APPLICATION FOR ASSOCIATE MEMBERSHIP OF MATERNAL CHILD AND FAMILY HEALTH NURSES, AUSTRALIA INC.

### APPLICANT

I, \_\_\_\_\_ (*name/occupation*) \_\_\_\_\_ (*address*)

desire to become an Associate member of Maternal Child and Family Health Nurses, Australia Inc.

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:

Date:

### PROPOSER/SECONDER

I, \_\_\_\_\_ a member of Queensland Child and Family Health Nurses Association (QCaFHNA), nominate the applicant, who is known to me, for membership of the Association.

Signature of Proposer:

Date:

I, \_\_\_\_\_ a member of Queensland Child and Family Health Nurses Association (QCaFHNA), nominate the applicant, who is known to me, for membership of the Association.

Signature of Seconder:

Date:

**NOTE:** If you don't have any current financial members of QCaFHNA working with you, members from the Executive will endorse your application.