

Change to - Direct Debit

ANF

It's simple and it's safe.

When you pay your fees by Direct Debit, your fees will always be up to date and you will always be covered by your ANF benefits.

Direct Debit - ANF Membership Made Easy

Membership Rates

Prices include GST.

(please circle your category):

Membership Category	Fortnightly	Monthly	Quarterly	Yearly
Registered Nurse/Midwife working more than 24 hours per week	\$20.60	\$44.70	\$134.10	\$536.30
Registered Nurse/Midwife working 24 hours or less per week	\$15.35	\$33.35	\$100.05	\$400.10
Enrolled Nurse/PSEN/ AIN*/PCW* working more than 24 hour per week	\$15.35	\$33.35	\$100.05	\$400.10
Enrolled Nurse/PSEN/AIN*/PCW* working 24 hours or less per week	\$9.45	\$20.50	\$61.55	\$246.15
Traineeship Enrolled Nurse	\$9.45	\$20.50	\$61.55	\$246.15
Student Nurse / Student Direct Entry Midwife not working in the health or aged care industry [#]	-	-	\$12.50	\$50.00
Student Nurse / Student Direct Entry Midwife working as EN/AIN/PCW working more than 24 hours per week	\$15.35	\$33.35	\$100.05	\$400.10
Student Nurse / Student Direct Entry Midwife working as EN/AIN/PCW working 24 hours or less per week	\$9.45	\$20.50	\$61.55	\$246.15
RDNS Health Aide	\$7.45	\$16.15	\$48.35	\$193.35
Nurse/Midwife Academic	\$6.35	\$13.74	\$41.25	\$164.90
Associate Members (i.e. Maternity Leave, Unemployed, Retired)	-	\$6.87	\$20.60	\$82.40
Mothercraft Nurse	\$5.70	\$12.27	\$36.80	\$147.20

* Conditions apply - call the ANF for information (03) 9275 9313

[#] Non-working students are not entitled to full membership benefits

Return completed form to: ANF (Vic Branch), Box 12600 A'Beckett St PO, Melbourne, 8006

Benefits of ANF Membership

- ✓ Professional Indemnity insurance*[#]
- ✓ Industrial advice and representation[#]
- ✓ Professional advice and representation[#]
- ✓ Up-to-date information through monthly journals
- ✓ Information line[#]
- ✓ Occupational health and safety advice[#]
- ✓ WorkCover advice and representation[#]
- ✓ Union Shopper
- ✓ Legal services through Ryan Carlisle Thomas Lawyers[#]
- ✓ Education and training including computer courses
- ✓ Members Equity banking & home loans
- ✓ Live Work Retire financial planning
- ✓ ANF WebShop
- ✓ Professional library
- ✓ Special Interest Groups
- ✓ Discount movie tickets

* unavailable for privately practising midwives

[#] unavailable for non-working students

Name: _____ Address: _____

Please tick:

RN Midwife EN AIN*/PCW* (you can tick more than one)

Home Ph: _____

(*Note: ANF membership is available only to AINs/PCWs working in private aged care)

Primary workplace: _____

Clinical area _____ Hours Worked _____ Membership
(e.g. psych/pall care): _____ per week: _____ Number: _____

Secondary workplace (if applicable): _____ Clinical area: _____

Home email: _____ Work email: _____

- Are you a Nurse/Midwife Unit Manager? yes
 Are you **working as** an employee Midwife? yes
 Are you an EN with medication qualifications? yes
 Are you a Nurse/Midwife practitioner? yes
 If an EN, were you a Mothercraft Nurse prior to 1 July 2010?
- Do you work in a mental health/psychiatric area? yes
 Are you a direct entry Midwife? yes
 Are you in your graduate year? yes
 If an EN, do you work in midwifery? yes

Please deduct my subscription (please tick)

Fortnightly Monthly Quarterly Yearly

Instruction to direct debit (Form PD-C)

Bank/Building Society/Credit Union

If you wish to direct debit your payments from your Bank, Building Society or Credit Union account, please complete this section.

Name and address of Bank or other financial institution where account is held:

 _____ P'code: _____

I/We (name(s) in full)

request you, until further notice in writing, to debit my/our account described in the schedule below, an amount which the Australian Nursing Federation (Victorian Branch), "The User" User ID Number: 025 630, may debit or charge me/us through the direct debit system being no more than the appropriate membership fee as set by Branch Council from time to time.

I/We acknowledge that:

1. The Bank/Financial Institution may in its absolute discretion determine the order of priority of payment by any moneys pursuant to this request or any authority mandate.
2. The Bank/Financial Institution may in its absolute discretion at any time by notice of writing to me/us terminate this request as to future debits.
3. The User may, by prior arrangement and advice to members, vary the amount or frequency of future debits.

Credit Card

I (name in full)

hereby authorise the Australian Nursing Federation (Victorian Branch) to charge my credit card automatically on receipt of this authorisation for subscription fees. In the event of changes to subscription rates I authorise the Australian Nursing Federation (Victorian Branch) to alter the amount from the appropriate date in accordance with such changes. (Changes to rates are advertised in *On The Record*).

Type of Credit Card (please tick):

Mastercard Visa

Cardholder's Name: _____

Cardholder's Signature: _____

Card No.: _____ Expiry Date: _____

This is your BSB Number

0000444 064 444 444 444

The Schedule of Details of Account:

NOTE: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Bank/Financial Institution.

Title of Account (insert exact name i.e. W.P. Simpson): _____

Bank/State/Branch Number: _____ **Account Number:** _____

(Not your ATM card number: Check your bank statements)

Signature: _____ Date: _____

Address of Customer: _____ P'code: _____

Return to ANF (Vic Branch), Box 12600 A'Beckett Street PO, Melbourne, 8006

Direct Debit Service Agreement

Please detach and retain for your records

This document provides information regarding the direct debiting of your account. By signing this direct debit request (DDR) you have authorised us to arrange for funds to be debited from your nominated account. You should refer to the direct debit request and this agreement for the terms of the arrangement between you and us.

Drawing arrangements

The ANF (Vic Branch) will debit amounts instructed by you on the cycle you select. If the payment date is a non-business day or a public holiday, we will process a direct debit to your account on the next business day.

Changes to the arrangements

Unless you have asked us to change your payment and we have agreed to your request, we will give you at least 14 days notice of any changes to be made. This notice will include the new amount, frequency and next drawing date. A request to stop or alter direct debit arrangements must be made in writing to the ANF (Vic Branch) and signed by the member at least 14 days prior to your next debit.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting our Membership Department. We undertake to investigate any dispute and advise you of the outcome. Telephone: 03 9275 9313 Email: records@anf.vic.asn.au

Accounts

Before sending us your account details, please check with your financial institution that direct debit deductions are allowed on the account you have chosen. Please make sure you have enough money in your account to cover your obligations to us when due. Your financial institution may charge a fee if the payment cannot be met. You must advise us if the nominated account is transferred or closed.

Confidentiality

The ANF (Vic Branch) will not release any information in your direct debit request provided on this form to any person or institution other than the member who signs the form and the financial institution cited on the form.