

MEMBERSHIP FORM

OFFICE USE ONLY

New application Update member details – Membership No.

PERSONAL DETAILS

Surname

Given names

Title (Ms, Mr, etc) Gender Date of birth

Preferred name (if different to given names)

Have you previously been a member of QNMU or ANMF? Yes No

Do you identify as an Aboriginal or Torres Straight Islander? Yes No

If English is not your first language, please tell us what your first language is

CONTACT DETAILS

Postal address

Street

Suburb/town Postcode

Home address

Street

Suburb/town Postcode

Phone [Mobile]

Phone [Home] Phone [Work]

Preferred email:

Personal

Work

EMPLOYMENT DETAILS

Workplace 1 (Name of hospital, nursing home or domiciliary centre)

Workplace 2 (if you work at more than one workplace)

Area of practice (please specify e.g. general, midwifery, aged care, OT)

AHPRA Registration No.* (RNs, Midwives and ENs) *optional

Type of registration First registration date

Do you hold dual qualifications? RN and RM

AVERAGE HOURS WORKED PER WEEK:

(ACROSS ALL WORKPLACES)

Full-time Part-time Casual

CATEGORY

Registered Nurse Midwife Midwife RN

Enrolled Nurse Assistant in Nursing Student

Other

Work role e.g. Clinical Nurse, Nurse Unit Manager, Nurse Practitioner

STUDENTS

Institution*

Campus*

Course*

Completion Date

* required if selecting student category

MUST BE SIGNED

DECLARATIONS

I make application for membership of the Queensland Nurses and Midwives' Union of Employees ("QNMU") and the Australian Nursing and Midwifery Federation ("ANMF") on and from the date of this application and agree to abide by the rules and policies of the QNMU and the ANMF. Membership subscriptions/levies payable at the date of application are set out at www.qnmu.org.au/feeschedule. For full details, see www.qnmu.org.au/qnmurules. Additional benefits of QNMU membership include free access to services provided by The New Daily and Union Shopper. When making this application, you authorise QNMU to provide contact details to both parties.

Check this box to unsubscribe from these services or click unsubscribe at the bottom of each email communication you receive.

PROFESSIONAL INDEMNITY INSURANCE

I, as an eligible member pursuant to the QNMU's professional indemnity insurance policy, appoint, in accordance with the *Insurance Contracts Act 1984* (Cth), the QNMU as my agent to accept notices from, pay premiums to and vary the policy of insurance with the QNMU's professional indemnity insurer, and agree, as soon as is reasonably practicable after I became aware of facts that might give rise to a claim against me in relation to my practice, to report those facts to the QNMU.

Signature Date

COMPLETE DETAILS OVER PAGE >



PAYMENT OPTIONS (CHOOSE ONE)

DIRECT DEBIT

Request and authority to debit the account named below to pay Queensland Nurses and Midwives' Union of Employees

Request and authority to debit ("you")

Your surname

Your given names

request and authorise Queensland Nurses and Midwives' Union of Employees (BPAY ID 7104) to arrange for any amount Queensland Nurses and Midwives' Union of Employees may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below)

Name and address of financial institution at which your account is held

Financial institution name

Address

Name of account to be debited

Name of account holder/s

BSB number

Account number

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the Queensland Nurses and Midwives' Union of Employees as set out in this Request and in your *Direct Debit Request Service Agreement*.

The complete *Direct Debit Request Service Agreement* is available on the QNMU website at www.qnmu.org.au/waystopayfees, on request from the QNMU Membership, phone 07 3840 1440 or freecall 1800 177 273 or email member@qnmu.org.au.

Payment details (Please tick one box only)

Fortnightly[†]

Monthly (15th of each month)

Amount:

Date of next pay:

[†]determines the Thursday of your fortnightly payments.

(this is required for fortnightly transactions)

Account holder/authorised representative signature

Signature

Date

CREDIT CARD

Please debit my:

Visa Card

MasterCard

Name on credit card

Credit card number

Expiry date

Amount

Payment details (Please tick one box only)

One payment 6 months **OR** 12 months

OR Fortnightly[†] **OR** Monthly (15th of each month)

Date of next pay:

[†]determines the Thursday of your fortnightly payments.

(this is required for fortnightly transactions)

Cardholder signature

Signature

Date

PAYMENT ATTACHED

Cheque enclosed

Money order enclosed

Cash*

Subscription notice**

Please enclose payment with your application form.

* COUNTER PAYMENTS ONLY: Do not send cash through the post—cash can only be accepted over the counter at offices of the QNMU.

** A subscription notice will be sent if no payment attached. Payment can be made by BPay, online at www.qnmu.org.au or by the 24/7 phone number listed on the subscription notice.

FEES NOT UP TO DATE?

Please select one of the following options if your fees are not up-to-date:

Please deduct all overdue fees in the next deduction cycle

Please deduct 50% of all currently overdue fees over the next two (2) deduction cycles

Signature

QNMU PRIVACY STATEMENT

The Queensland Nurses and Midwives' Union of Employees only collects personal information that is necessary for the union to achieve its objectives. Where you do not provide us with all or some of your personal information we may not be able to provide you with relevant information and advice. In very limited circumstances some information of a personal nature may be provided to an external organisation in order for the QNMU to conduct its activities. If you have any queries about our handling of personal information please refer to the QNMU's privacy policies at www.qnmu.org.au or contact the QNMU by phone or email.



FEES 2019-2020 (The most popular payment option is fortnightly bank account deductions in line with your pay dates.)

CATEGORY	Yearly (\$)	Monthly* Direct Debit (\$)	Fortnightly* Direct Debit (\$)
Registered Nurse/Midwife: over 24 hours per week	710.40	59.20	27.35
Registered Nurse/Midwife: up to 24 hours per week	534.00	44.50	20.55
Enrolled Nurse: over 24 hours per week	580.80	48.40	22.35
Enrolled Nurse: up to 24 hours per week	435.00	36.25	16.75
Assistant in Nursing: over 24 hours per week	506.40	42.20	19.50
Assistant in Nursing: up to 24 hours per week	380.40	31.70	14.65
Nurses covered industrially by other unions	195.00	16.25	7.50
Unpaid supervised practice/refresher courses			
Inactive member: (non-practising nurses only)	138.00	11.50	N/A
STUDENTS			
Student: working up to 16 hours per week as an AIN or PC	195.00	16.25	7.50
Student: no paid nursing work and no nursing qualifications	69.00	5.75	N/A

* Monthly is based on 12 calendar months per financial year.

+ Fortnightly is based on 26 fortnights per financial year.

05/19



qnmu
making a
difference

Correct fee: Please ensure you pay the correct membership fee as it can affect your industrial and professional coverage.

PLEASE RETURN COMPLETED FORM TO: 07 3217 2794 member@qnmu.org.au GPO Box 1289, Brisbane Q 4001