



Congress of Aboriginal and Torres Strait Islander Midwives & Nurses
ABN: 64 085 000 120

Membership Renewal Application Form
Membership due – 30th September

Treat this form as your Tax Invoice

Please print all details clearly

Name: *First* *Last*

Address:

City/Town..... *State*..... *Post code*

Telephone: (*work*) (*home*) (*mobile*)

(*fax*) **Email:**

Status: *Registered Nurse* *Enrolled Nurse* *Student Nurse* *Retired Nurse* *Associate Member*

Qualifications:

(Please attach a photocopy of your Annual Practising Certificate / Registration)

Further Education:

Place of Employment or Place of Study:

Position Held:

MEMBERSHIP FEES:

Fees are made payable to CATSIN via Cheque or Money Order. A receipt will be forwarded to you via post.

Fees are tax deductible!

I would like to renew my CATSIN membership:

Full membership, Registered and Enrolled Nurses: \$60.00 per annum

Student Nurses and Associates: \$20.00 per annum

Please send your application and payment to:

C A T S I N
14 Cassia Ave, Banksia Beach
Bribie Island QLD 4057

Ph: 07 3410 7236 | Fax: 07 3410 7235 | Mobile: 0438 808 739 | Email: catsin@bigpond.net.au
Web: www.indiginet.com.au/catsin