



THE ASSOCIATION OF CATHOLIC NURSES **ENGLAND AND WALES**

MEMBERSHIP FORM

APPLICATION FOR NEW MEMBERSHIP OR MEMBERSHIP RENEWAL

Please complete in block capitals

PERSONAL DETAILS

Mr /Mrs /Ms/Miss Sr/Fr/Br

Surname.....

First Name(s).....

Address.....

.....

Post Code..... Tel No.....

Date of Birth.....

Email address.....

Please Tick type of membership

FULL MEMBERSHIP (CURRENTLY EMPLOYED/NMC REGISTERED) £30 ☐

ASSOCIATE MEMBER / PART TIME / RETIRED/STUDENT £15 ☐

Professional Qualifications

.....

.....

Brief details of Employment –(Position and Place of Work optional)

.....

.....

Diocese to which you belong.....

BRANCH MEMBER ☐ NATIONAL MEMBER (IF NO LOCAL DIOCESAN BRANCH) ☐

Bankers mandate forms for direct debit can be supplied on request

Please indicate your Payment option PAYMENT OPTION ()

1. Cheque Payable to 'The Association of Catholic Nurses' . Send cheque with completed form (if not already completed online) to your local Branch Secretary(if a local Branch exists) or to Mary Farnan , National Membership Secretary , 25 Langley Hall Road , Olton,Solihull B92 7HE email catholicnurses@msn.com

2. Online Bank Payment to 'The Association of Catholic Nurses' Account 20-24-61 20547778 and Reference your Initials /Member and ensure you also return a completed membership form by email or by post

3. Bank Mandate Form for Annual Direct Debit Email Mary Farnan National Membership secretary at catholicnurses@msn.com for a Bank Mandate Form