



AUSTRALASIAN SEXUAL HEALTH & HIV NURSES ASSOCIATION INC.

# ASHHNA Membership Application Form

## Personal Information

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel- W \_\_\_\_\_ M \_\_\_\_\_

email \_\_\_\_\_

Please provide your email address, as it's the principle way ASHHNA communicates with members.

Please tick which speciality you work in-

- HIV  Sexual Health  Sexual & Reproductive Health  
 Women's Health  Men's Health  Sexual Dysfunction

## Candidate Declaration

I declare I am a-

- Registered Nurse  Enrolled Nurse

Place of employment- \_\_\_\_\_  
\_\_\_\_\_

Position- \_\_\_\_\_  
\_\_\_\_\_

I apply to become a member of the Australasian Sexual Health & HIV Nurses Association (Inc.).

In the event of my admission as a member, I agree to be bound by the rules of the association.

## Signature of Applicant

\_\_\_\_\_

Date \_\_\_\_\_

Please tick your payment method

- Direct Deposit  Money Order  Cheque

## ASHM Affiliation (Australasian Society for HIV Medicine)

All ASHHNA members can elect to become an ASHM Affiliate entitling them to complementary access to all ASHM Member benefits (excluding board/committee representation and voting).

ASHM Affiliates receive email alerts on topics of interest, have access to the Members only section of the website and are entitled to discounted registration rates to training and events run by ASHM.

- Yes, I want to be an ASHM Affiliate and receive emails.  
For more information about ASHM, visit [www.ashm.org.au](http://www.ashm.org.au)

## Things you need to know

### Membership

**Full membership** is open to Registered Nurses working in Sexual Health and HIV Nursing.

**Associate membership** is open to Registered Nurses with an interest in, but not working in Sexual Health and HIV Nursing and to Enrolled Nurses. Associate members will enjoy all the privileges of membership except voting rights.

### Admission of Members/Applications

The annual subscription fee is \$AUD 60. Membership applications must be made on this form. Please return your application form with the subscription fee to the secretariat. Annual subscriptions are due on joining anniversary date.

### Payment Details

**Cheque/money order-** Please make payable to- ASHHNA Inc.

**Direct Deposit** banking details-

Be sure to add your name in the Narrative box  
BSB: 062 000 Account Number: 10090894

Account Name: ASHHNA Inc.

Bank: Commonwealth Bank of Australia

### Secretariat

ASHHNA Inc.

PO Box 1062, ASHFIELD, NSW, 1800

Tel: 02 9515 3131 Fax: 02 9515 3112

Email: [nicky.sharp@email.cs.nsw.gov.au](mailto:nicky.sharp@email.cs.nsw.gov.au)

[www.ashhna.org.au](http://www.ashhna.org.au)