



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 _____

- New Member Renewal

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.

To activate your affiliation membership, visit- www.ashm.org.au/ashhna

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

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

Cheque/money order- payable to ASHHNA Inc. and post to:

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
www.ashhna.org.au