Agreement form for the use of the ACMHN’s Credentialed Mental Health Nurse™ logo

I _______________________________________________________ wish to use the ACMHN’s Credentialed Mental Health Nurse™ logo.

I agree that I will use it only as specified in the Rules and Style Guide for CMHN logo, particularly abiding to Section 2(a), 2(b) and 2(c).

I also agree that I will make use of the CMHN logo only as outlined in the Style Guide.

By signing this document, I confirm that:

1. I am a Credentialed Mental Health Nurse™
2. My Credential is current
3. I have read the Rules and Style Guide for the CMHN Logo.

Signed: _____________________________

Date: ______________________________

Email address: ______________________________________________________

Please return this form to ACMHN

Email: clare.quinlan@acmhn.org

Fax: (02) 6285 2166

Post: PO Box 154, Deakin West, ACT 2600

When the ACMHN receives this form back from you, the logo will be emailed to the address specified above.