OBJECTIVES OF THE COLLEGE

• To promote public confidence and professional recognition of mental health nursing.
• To set standards of practice and encourage professional accountability, autonomy and partnership.
• To provide a forum for Collegial support, networking and collaboration.
• To provide and support quality education and ongoing professional development.
• To develop and facilitate research in mental health nursing practice and health care.
• To represent the profession and provide advice to consumer and carer agencies, the government and non-government sector, community groups and the general public.
• To participate in policy development concerning the profession, health care delivery, promotion of mental health and prevention of mental illness and disability.

BENEFITS TO MEMBERS

Your membership of the College is highly valued and in return will provide you with:

Access to effective communication, consultation and networking
On the Internet, The College website http://www.acmhn.org provides information on access and special membership rates to our international conference and seminars, workshops and continuing education programs in your region.

The latest information on practice, education and research
Subscription to the bi-monthly International Journal of Mental Health Nursing, the College’s quarterly News Magazine; weekly e-bulletin; Notification of Research Monographs and occasional publications; Access to research information, grants and scholarships.

Additionally, membership provides you with access to:

• Professional development activities through our international, state and local conferences, symposia and education forums.
• An informative website.
• Opportunities for networking through our e-lists and Special Interest Groups.
• The standards of practice for Australian mental health nurses.
• The Clinical Supervision position statement and agreement.
• An organisation that consistently lobbies government, at all levels, for improvement in mental health funding, and mental health services.
• An organisation that advocates for the recognition of mental health nursing as a speciality.
• Representation of mental health and mental health nursing on many working parties and committees.
• The opportunity to contribute to many submissions and reports.
1. PERSONAL AND PROFESSIONAL DETAILS

Full Name
Postal Address
Suburb/Town    State    Postcode
Country    Date of Birth
Home Phone    Mobile Number
Home Email
Employer
Place of Work
Work Address
Suburb/Town    State    Postcode
Country
Work Phone    Work Fax
Work Email
Position Title
Clinical Area or Specialty
Nursing Registration Number    State/Territory
Would you like to be a member of a special interest group?
- Consultation Liaison
- Primary MH Care
- Perinatal & Infant MH
- Aboriginal & Torres Strait Islander
- Clinical Supervision
- Older Adults

2. ACADEMIC AND PROFESSIONAL QUALIFICATIONS

<table>
<thead>
<tr>
<th>Institution</th>
<th>Qualification</th>
<th>Year Awarded</th>
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3. RESEARCH INTERESTS AND EXPERIENCE
Outline your research interests and experience below (include methodologies if appropriate):


4. ANNUAL MEMBERSHIP FEES

<table>
<thead>
<tr>
<th>Category</th>
<th>Annual</th>
<th>Monthly</th>
<th>Fortnightly</th>
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<td>Member (RN/EN Only)</td>
<td>$275.00</td>
<td>$23.50</td>
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<tr>
<td>Associate Member</td>
<td>$220.00</td>
<td>$19.00</td>
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<tr>
<td>Full-Time Student (evidence of full-time on-campus enrolment must be attached)</td>
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<tr>
<td>Retiree (retired members) OR Maternity Leave (maximum 1 year)</td>
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5. PAYMENT OPTIONS

- Electronic Funds Transfer (Annual Payments Only)
  - Pay to: Australian College of Mental Health Nurses, St George Bank Ltd
  - BSB: 112-908 Account No: 473 484 527
  - Account Name: Australian College of Mental Health Nurses Incorporated
  - Reference No: (Membership Surname, First Name)
- Direct Debit (from a bank account)
  - Email: membership@acmhn.org to request direct debit forms.
- Online by Visa or Mastercard
- Cheque or Money Order (Australian dollars ONLY)
- Credit Card Payment (Visa or Mastercard ONLY)

<table>
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<th>Annual Fee</th>
<th>Monthly Deduction</th>
<th>Fortnightly Deduction</th>
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<tr>
<td>Visa</td>
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<td>Mastercard</td>
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<tr>
<td>Annual Full Fee</td>
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<tr>
<td>Fortnightly Deduction</td>
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</tbody>
</table>

Card Number:
Card Expiry Date:
CVC (last 3 digits back of card):
Card Holder’s Name:
Total Amount:
Date:
Signature:

6. DECLARATION
I hereby apply for membership of the Australian College of Mental Health Nurses Inc. I declare that I am a fit and proper person and agree to abide by the Constitution of the College that may be in force at any one time (see page 1).

Signature:
Date: