



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

**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 £15                          STUDENT MEMBER £15   

RETIRED MEMBER    £15   

BRANCH MEMBER        NATIONAL MEMBER (NO LOCAL BRANCH)

Professional Qualifications

.....

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

.....

Diocese to which you belong.....

Do you require a bankers order mandate for your annual subscription ?. YES/NO

This form should be completed, detached and sent together with the appropriate subscription to: The diocesan or local branch secretary for branch members if you are attached to a local branch or to

Mary Farnan National Secretary Association of Catholic Nurses

26 Charnwood Road ,Great Barr, Birmingham B42 1JR

Tel 0121 251 8515                      Please make cheques payable to "The Association of Catholic Nurses of England and Wales"