



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 / PART TIME / RETIRED/STUDENT £15

Professional Qualifications

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

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Diocese to which you belong.....

BRANCH MEMBER NATIONAL MEMBER (IF NO LOCAL DIOCESAN BRANCH)

Bankers mandate forms for direct debit can be supplied on request

Please complete the form above and send with appropriate subscription to your 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" Members can also sign up or renew by Paypal–details on the membership page on our website www.catholicnurses.org.uk .Bank mandate forms are available on request .

Part time/Retired and Student Nurses may opt to pay £30 full membership or £15 Associate membership. Full members only can sit on the Executive , hold local positions of office and vote on issues such as constitutional changes –Associate members have equal access to national and local events where they exist and receive Journals and Guild badge and Prayer Card the same as Full Members.