



# Australian College of Neonatal Nurses Inc.

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ABN 62 075 234 048

**Applicant details** \* denotes essential information

Name\*.....

Address\* (residential or PO Box only)

.....  
.....

State/territory\*.....Postcode\*.....

Mobile\* ..... Landline .....

Email\*.....  NA

Place of work\*.....

Registered nurse     Registered midwife     Nurse Practitioner     Enrolled nurse

AHPRA registration number\*.....

Tick if you would like to be included in any of the following Special Interest Groups (may be more than one)

Neonatal Nurse Practitioner     Neonatal Education     Neonatal Research     Leadership  
 Low Resource Countries     Neurodevelopmental Care

**Professional referee\***

To comply with the Associations Incorporation Act, applicants are required to supply the name, phone and/or email details of **a current member of ACNN** (preferred) or a person with whom they currently work who can provide a professional reference.

Referee name .....

Tel ..... Email .....

**Declaration by applicant\***

As a member of ACNN I agree to abide by the ACNN constitution, policies and guidelines.

Signature ..... Date .....

The membership fee is to be paid after application approval. Current fees are listed on the website.

*Office use only*

Verified by ..... Date.....

Committee approval on date .....Signed.....