

## MEMBERSHIP INFORMATION

### ACCYPN'S VISION

To promote excellence in health care for children and young people in the context of their family and the community.

### ACCYPN'S MISSION

Advocate for and facilitate the continuing development of specialty nursing practices to meet the unique needs of children and young people.

### MEMBERSHIP BENEFITS

ACCYPN members receive the following benefits:

- Neonatal, Paediatric and Child Health Nursing (Journal 3 Issues per year). Online Access
- Membership of a State Chapter
- Opportunity to participate in or start a National Special Interest Group
- Bi-monthly newsletters
- Access to the website containing the activities of all States and Territories
- Mobility - you can move interstate and not have to resign from one organisation and join another
- Membership of an organisation that advocates for the needs of children, young people and their families within the broad health context
- Opportunity to nominate for National Executive
- RCNA Coporate Partnership *plus* – reduced RCNA membership fees

### PRIVACY STATEMENT

In this Privacy Statement, "Personal Information" has the same meaning as in the Privacy Act 1988 (Cth).

Australian College of Children and Young People's Nurses (ACCYPN) is committed to protecting the privacy and security of the personal information which it holds about you.

The Personal Information which you have provided in this application form will be used by ACCYPN to:

- Process and manage your application for ACCYPN membership (if the information is not provided we may be unable to process your membership application)
- Ensure your compliance as a ACCYPN member, with ACCYPN Constitution
- Conduct market research in order to identify and analyse the ongoing needs of ACCYPN members

MEMBERSHIP FEES	NEW MEMBERS		RENEWALS
	ANNUAL * (From 1 July)	HALF YEAR + (January onwards)	ANNUAL ^ (by 30 June)
ORDINARY	\$120.00	\$70.00	\$90.00
ASSOCIATE	\$105.00	\$65.00	\$75.00

#### \* NEW MEMBER SPECIAL

Join between 1 April and 30 June pay full new member fees & receive up to 15 months' Membership for 12 month fee!

^ **Annual Membership** Annual Membership Renewal Fees are due by 30 June. Renewal from 1 July will incur a \$15.00 late fee.

+ **Half Year Membership** available to members joining in / after January.

### MEMBERSHIP CLASSES

Membership of ACCYPN consists of the following classes:

#### ORDINARY MEMBERSHIP (voting)

Ordinary Members shall include any registered/enrolled nurse actively engaged in the provision of care for children and young people. A nurse will be actively engaged in the provision of care for children and young people and can include but not limited to:

- Deliver and/or influence direct nursing care to children and young people 0 -18 and their families
- Manage, direct and/or supervise health/nursing care of children 0 - 18 and their families
- Provide education related to children & young people's nursing
- Research areas of clinical, educational and/or management of children and young people's health care

#### ASSOCIATE MEMBERSHIP (non-voting)

Associate members shall include:

- Undergraduate students of nursing
- Aboriginal or Torres Strait Islander Health Workers
- Any registered/enrolled nurses not actively engaged in the health care of children and young people but who value the objects of the College
- Any persons working with children and young people

#### LIFE MEMBERSHIP (voting)

Life Members shall include Ordinary Members past or present who have given outstanding service to children and young people's health nursing.

#### HONORARY MEMBERSHIP (non-voting)

Honorary Members shall include persons who have given outstanding service to children and young people's health.

### CONSTITUTION

A copy of the Australian College of Children and Young People's Nurses Constitution is available for download from the website [www.accypn.org.au](http://www.accypn.org.au) or contact the Secretariat.

Please complete this form and return to:  
 Fax: 07 3319 6094 or Post: ACCYPN PO Box 7112, Canberra BC, ACT, 2610  
 ABN 52 133 086 601 ACN 133 086 601

### PERSONAL INFORMATION (Please use CAPITAL letters and print clearly.)

Title ..... Surname ..... First Name .....

Postal Address  Work  Home .....

Suburb ..... Postcode ..... Country .....

Contact Phone (Work) ..... (Home) ..... (Mobile) .....

Email ..... Fax .....

Note – ACCYPN uses email as the preferred method of communication.

How would you like to view the ACCYPN Annual Report  Website  Email  Mail Note: ACCYPN posts their annual report on their website.

I agree for my name and contact details to be provided to the ACCYPN Chapter in the State in which I reside  YES  NO

**RCNA Membership** By indicating YES below, you acknowledge that ACCYPN will provide your details to RCNA to ensure that you receive your discounted RCNA fee.

ACCYPN has become a member of Royal College of Nursing (RCNA) Corporate Partnership<sup>plus</sup>. Are you currently a member or Fellow of RCNA  YES  NO

### PROFESSIONAL INFORMATION (Compulsory)

Current Position ..... Employer .....

National Nursing Rego No. .... Professional Qualification(s) .....

(Compulsory for Ordinary Members.)

**Ordinary Members** (Please answer the following questions if you are renewing or applying for an Ordinary Membership.)

Which best describes your primary role in Children & Young People's Nursing?

- In practice caring for children and young people  Teaching Children and Young People's Health Care  Researcher or Academic
- Manager of Children and Young People's Health Service  Policy Advisor or Administration

Special Interests  Paediatrics  Child Health  Young People's Health  Aboriginal or Torres Strait Islander Child Health

Community Health  Mental Health  Other / Subspeciality Comments .....

Are you available for comment on issues related to your area(s) of interest?  YES  NO

ACCYPN is often asked to participate in a variety of activities. Please indicate if you would be interested in contributing in any of the following:

- Commenting on documents  Taking part in subcommittees, working parties or focus groups  Assisting with ACCYPN projects or functions

**Associate Members** (Please answer the following questions if you are renewing or applying for an Associate Membership.)

Which of the following best describes you:

- Undergraduate student of nursing  Aboriginal or Torres Strait Islander Health Worker  A person working with children and young people
- Registered/enrolled nurse not actively engaged in the health care of children and young people but who values the objectives of the College

### MEMBERSHIP FEES (Please refer to the Membership Classes information on the flyer attached to this form)

	NEW MEMBERSHIP		MEMBERSHIP RENEWAL	
	Annual (FROM 1 JULY)	Half Year (JANUARY ONWARDS)	Annual (BY 30 JUNE)	Late (1 JULY ONWARDS)
Ordinary Member	<input type="checkbox"/> \$120.00*	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$105.00
Associate Member	<input type="checkbox"/> \$105.00*	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$90.00

#### DECLARATION

- I have read and agree with the Constitution of the ACCYPN available at www.accypn.org.au

#### SIGNATURE

.....  
 Your registration cannot be processed unless you have ticked the box above and signed the Application Form

\* New Member Special - Join between 1 April and 30 June pay full new member fees & receive up to 15 months' Membership for 12 month fee.

### PAYMENT DETAILS (You will receive confirmation of your membership and a receipt for payment (to claim against personal tax.))

I WISH TO PAY \$ ..... via the following method:

- CHEQUE / MONEY ORDER - made payable to Australian College of Children and Young People's Nurses
- DIRECT DEPOSIT (Please fax or email a remittance. Please include your Surname as a Payment Reference when depositing.)  
 A/C NAME: Australian College of Children and Young People's Nurses Bank: Westpac BSB: 034-054 A/C # 235695
- CREDIT CARD  MasterCard  Visa

Card Number: ..... / ..... / ..... / ..... Expiry Date: ..... / .....

Cardholders Name: ..... Signature: .....