



PNA AUSTRALIA INC
(Philippine Nurses Association)
AN AUSTRALIAN REGISTERED COMMUNITY BASED NOT-FOR-PROFIT ORGANIZATION
in association with
PHCAA (PHILIPPINE HEALTH CARE ASSOCIATION AUSTRALIA)



MEMBERSHIP APPLICATION
For Calendar Year 2017& 2018

(please type or print clearly)

Name: Title (Dr, Mr,Mrs,Ms,Miss) Last Name First Name Middle Name

Home Address: No. & Street City State Post Code {DDMMYYYY} **DOB:** _____

Name of Employer: _____

Employment Address: No. & Street City State Post Code

Area of Practice: ☐ General Hospital ☐ Aged Care ☐ Mental Health ☐ Disability ☐ Others _____

Contact Details: Home Phone: _____ Work Phone: _____ Fax: _____

Mobile Phone: _____ E-mail _____ Website: _____

EDUCATIONAL INFORMATION

TAFE / University	Certificate / Diploma/Degree	Year Completed / Graduated

REGISTERED PRACTICE

Licensing Body	Title / Position	Year Awarded

Please tick that you give permission to PHCAA to publish your name in the PNAAUSTA website. ☐ YES ☐ NO

PHCAA membership information is accessible through our website: <http://www.phcaa.org.au>

- 1. Membership Fee:** Nursing and Allied Health Care Professionals and Workers
☐ \$20.00 for 1 calendar year; ☐ \$50.00 for 3 calendar years; ☐ \$100.00 Lifetime membership
- 2. For Associate Members** (Non-Allied Health Care Prof & Workers, Family and Friends): 50% off the fee.
☐ \$10.00 for 1 calendar year; ☐ \$25.00 for 3 calendar years; ☐ \$50.00 Lifetime membership
- 3. Payment options:**
 - 1. Direct debit into PHCAA Bank Account— CBA BSB & ACCOUNT NO. 062-890 1016 3831**
Please email/fax/or post photocopy of stamped deposit slip to PNA Aust Inc
 - 2. Cheque payable to PNA Aust Inc**

Applicant (Sign): _____ **Date:** _____

Referred By: (Please print name) _____

PNAAUST/PHCAA official contact details:

PHCAA, Inc. c/- 206 Meurants La, Glenwood NSW 2768 – Attention: Membership Committee

E-mail: pnaaust@gmail.com; phcaa.org@gmail.com

Website: www.pnaaust.org.au

Membership Enquiries to Nelma Galas 0421724150; Veron Alcantara 0411984981; Dr. Julie Nunez 0411023814; Marvin Ang 0439408364; Ella Martinez 0404871319.

For Office Use: Paid ☐ Data Entry ☐; Receipt ☐; Posted ☐; File ☐ by: _____