

**Membership Form:**       Application    OR     Renewal

Membership of the CoNNMO is open to nursing and/or midwifery organisations\* subject to the following criteria:

1. That the organisation\* has members in four or more states/territories of Australia     Yes     No

*If yes, please stipulate which States/Territories.....*

*Indicate member numbers per state/territory:.....*

*Total member numbers: .....*

2. That its membership:

Is all registered nurses and/or enrolled nurses and/or midwives and/or students of nursing or midwifery

Is the nursing and/or midwifery section of a multidisciplinary group

Is a clear network of nurses or midwives within such groups who can ensure a nurse or midwife representative and feedback to nurses and midwives in their organisation

The Council will consider applications for membership and make recommendations to CoNNMO, guided by the criteria for membership. Following the decision made by the CoNNMO membership, the Secretariat will advise the applicant of the outcome within 7 days.

Organisations are required to renew their membership every 2 years.

**Please complete this form and return it to the Secretariat as soon as possible. Organisations\* choosing not to renew membership are asked to notify the Secretariat in writing.**

**Organisation Name:** .....

**Organisation Address:** .....

.....

**Postal Address:** .....

.....

**Phone:**.....      **Fax:**.....

**Email:** .....      **Website:** .....

Specify year the organisation was established: .....

\* An organisation is an individual member organisation

**Representing the national interests of nurses and midwives in all sectors of health and aged care**

Secretariat: Australian Nursing and Midwifery Federation | Level 1, 365 Queen St | Melbourne | VIC 3000 | Australia  
Telephone: +61 3 9602 8500 | Fax: +61 3 9602 8567 | Email: connmo@connmo.org.au | www.connmo.org.au

The Coalition of National Nursing & Midwifery Organisations acknowledges the traditional owners and Elders past and present of the land on which we meet across Australia

**Supported by the Australian Government Department of Health**

Brief description of your governance structure:

.....  
.....  
.....  
.....

Please provide a brief description of the membership type your organisation represents:

.....  
.....  
.....  
.....

**Office bearer renewing or applying for membership:**

Name: ..... Position:.....

Signed: ..... Date:

**Organisation Representative:** *Each organisation may nominate up to two representatives.*

**Representative One**

Name: .....

Address: .....

Phone: ..... Fax:.....

Email: .....

**Representative Two**

Name: .....

Address: .....

Phone: ..... Fax:.....

Email: .....

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