

Purpose

The provision of leadership to the profession in the pursuit of excellence in healthcare, in a dynamic and complex environment.

Objectives of the Association are:

- 1 Provision of professional development activities for the members
- 2 Provision of a forum to influence health policy
- 3 Enhancement of the professional status of nursing
- 4 Facilitation of professional development, support and communication network

Benefits

- A voice for all nurses in leadership positions
- SNAPSHOT – a regular newsletter
- Networking opportunities
- Annual Conference
- Regular meetings where the Executive take your issues to the policy makers
- Regional Workshops
- AQLN Awards
- ACN - Discounted Affiliate Member rate for all nurse members
- 5% discount off all CPD Courses with ACN
- Corporate Airline Club/Lounge Memberships

Membership

The membership of the Association shall consist of the following membership classes.

Full Membership - Nurses and Midwives within Queensland registered with AHPRA holding leadership roles within the following domains – Clinical, Management, Education, Research, or equivalent or as approved by the Executive. Full members have voting rights and are eligible for all positions on the Executive Committee.

Associate Membership - Nurses and Midwives within Queensland registered with AHPRA with an interest in Nurse Leadership who are able to contribute to the aims of the Association within the following domains – Clinical, Management, Education or Research. Associate Members do not have voting rights and are not entitled to hold office.

Interstate Associate Membership - Nurses and Midwives in Australia (outside Queensland) registered with AHPRA with an interest in Nurse Leadership who are able to contribute to the aims of the Association within the following domains – Clinical, Management, Education or Research. Interstate Associate Members do not have voting rights and are not entitled to hold office.

Costs

Annual fee (July-June) - **\$150** (incl GST)

- Annual membership subscription is due and payable by all members at 1 July every year. All membership fees are tax deductible.
- Applicants joining between 1 January and 31 March pay half fees.
- Applicants joining between 1 April and 30 June pay full fees and receive up to 15 months membership for a 12 month fee.

Confirmation of membership and a Tax Invoice will be issued for all membership fees.

Join Online Now!
visit www.aqnl.org.au





AQNL MEMBERSHIP APPLICATION FORM

Please complete this form and return to:
EMAIL: info@aqnl.org.au POST: AQNL PO BOX 208, WYNNUM QLD 4178

PERSONAL DETAILS (Please use CAPITAL letters and print clearly.)

Title (Prof/Assoc Prof/Dr/Mr/Mrs/Ms/Miss) Last Name First Name

Preferred Mailing Address Home Work (please include Organisation name)
.....

Suburb State Postcode

Contact Numbers (h) (m)

Email Member Since (year)

Note – AQNL uses email as the preferred mode of communication

EMPLOYMENT DETAILS

Health Facility/Organisation

Position

Address

Suburb State Postcode

Phone Facsimile

Sector Public Hospital Mental Health Education Aged Care
 Private Hospital Tertiary Community Health Other:

Geographical Area Metropolitan Provincial Rural Remote

MEMBERSHIP FEES

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

	NEW MEMBERSHIP		MEMBERSHIP RENEWAL Annual (Due 1 July Annually)
	Annual (Due 1 July Annually)	Half Year (From 1 January – 31 March)	
FULL MEMBER	<input type="checkbox"/> \$150.00*	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00
ASSOCIATE MEMBER	<input type="checkbox"/> \$150.00*	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00
INTERSTATE ASSOCIATE MEMBER	<input type="checkbox"/> \$150.00*	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00

*New Member Special – Join between 1 April and 30 June, pay annual membership fees & receive up to 15 month's Membership for 12 month fee

PAYMENT DETAILS

AMOUNT: **\$150 (INCLUDING GST)** Date of Application / /

Cheque / Money Order **Made Payable To:** Association of Queensland Nurse Leaders Incorporated

Credit Card Visa Mastercard

Card Number / / / Expiry Date /

Name on Card Signature

Direct Deposit (please fax remittance) **BANK** NATIONAL AUSTRALIA BANK
ACCOUNT NAME ASSOCIATION OF QUEENSLAND NURSE LEADERS INCORPORATED (AQNL INC.)
BSB # 084-571 **ACCOUNT #** 60892 8130 **PAYMENT REFERENCE** Your Surname & Invoice Number

PRIVACY ACT 1988 COLLECTION NOTICE

The Association of Queensland Nurse Leaders Inc. (AQNL) ABN 31 320 723 660 is committed to protecting the privacy and security of the Personal Information that it holds about you. In this Privacy Statement, "personal information" has the same meaning as in the Privacy Act 1988 (Cth). The Personal Information which you provide us in this form will be used by AQNL to process your AQNL Membership, and provide you with access to and information about a range of current and future membership benefits.