

PANDDA Membership

Join a nursing group that disseminates information and promotes communication between national and international organisations related to the field of intellectual developmental disability (IDD).

Membership Benefits

- A professional identity, recognition and autonomy
- Collegial support, networking and contribution to your profession
- National networking and support for nurses working with people who have IDD
- A voice in many state and national bodies
- An annual PANDDA conference
- Discount for PANDDA conference and educational programs
- Information at www.pandda.net

PANDDA Membership Application

ABN: 23-647-452-897

Post your completed application form with payment to:
The Membership Secretary, PANDDA (Aust) Inc.
PO Box 3633, Parramatta NSW 2124 Australia

PERSONAL AND PROFESSIONAL DETAILS

SURNAME		FIRST NAME	
<input type="text"/>		<input type="text"/>	
POSTAL ADDRESS			
<input type="text"/>			
SUBURB/TOWN		STATE	POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
COUNTRY			DATE OF BIRTH
<input type="text"/>			<input type="text"/>
HOME PHONE		EMAIL ADDRESS	
<input type="text"/>		<input type="text"/>	
WORK PHONE		MOBILE NUMBER	
<input type="text"/>		<input type="text"/>	
OCCUPATION			
<input type="text"/>			
EMPLOYER			
<input type="text"/>			
POSITION TITLE			
<input type="text"/>			

ACADEMIC AND PROFESSIONAL QUALIFICATIONS

INSTITUTION	QUALIFICATION	YEAR AWARDED

ANNUAL MEMBERSHIP FEES

Full Member (Registered and Enrolled Nurse)

- New Full Member \$110.00 Member Renewal \$110.00

Associate Member (Student in Nursing)

- New Associate Member \$72.00 Associate Renewal \$72.00

PAYMENT OPTIONS

- Direct Deposit

Account Name: Professional Association of Nurses in Developmental Disability Australia.

Pay to PANDDA, BSB Number: 012 370, ANZ Account Number: 938 560 797.
Reference and payment description must be entered as surname and first name.

- Personal Cheque or Bank Cheque (Australian dollars ONLY)

Made payable to: Professional Association of Nurses in Developmental Disability Australia

- Credit Card Payment (Visa or Mastercard)

- Visa Mastercard

Card Number: _____

Card Expiry Date: _____ CVC (last 3 digits back of card): _____

Card Holder's Name: _____

Total Amount: _____ Date: _____

Signature: _____

DECLARATION

I hereby apply for membership of the Professional Association of Nurses in Developmental Disability Australia Inc. (PANDDA). If accepted as a member I agree to be bound by the rules of the association.

Signature: _____ Date: _____