

# APPLICATION

## Membership Categories

Any person who supports the purposes of the VNCA is eligible for membership subject to the following:

**FULL MEMBER:**

Only individuals who have obtained the National Certificate IV in Veterinary Nursing (or another equivalent qualification or overseas qualification recognised by the VNCA) are eligible to be Full Members.

Date of graduation: \_\_\_\_\_

Name and address of Registered Training Organisation/College:  
\_\_\_\_\_

Country: \_\_\_\_\_ Qualification attained: \_\_\_\_\_

I hereby agree to abide by the Code of Professional Conduct for Veterinary Nurses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ASSOCIATE MEMBER:**

Individuals who are not eligible to be Full Members, but who either:

- work in veterinary practices, animal welfare organisations, research and teaching institutions, appropriate government bodies or related employment  
OR
- are enrolled as students in veterinary nursing courses recognised by the VNCA are eligible to be Associate Members.

**SUPPORTER MEMBER:**

Any other person is eligible to be a supporter member, subject to clause 6 (1) of the Constitution.

For office use only

Memb No. \_\_\_\_\_

Date \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Bus Ph: \_\_\_\_\_ Bus Fax: \_\_\_\_\_ Preferred mailing address: Home  Bus.

I hereby apply to become a member of the VNCA. I support the purposes of the VNCA and agree to comply with the constitution and regulations of the VNCA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The VNCA relies on commercial advertising to support membership activities. If you do not want your name included for this purpose on the VNCA mailing list, please tick the box.

**FULL MEMBER**

**ASSOCIATE MEMBER**

**SUPPORTER**

1 Year

\$98.50 inc gst

\$550.00 inc gst

3 Years

\$265.95 inc gst

**AMOUNT ENCLOSED \$** \_\_\_\_\_

Cheque, made payable to "The Veterinary Nurses' Council of Australia Inc."

Money Order

Credit Card

Tick one:

Mastercard

Visa

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiry Date

For office use only

Auth No. \_\_\_\_\_

Date \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Veterinary Nurses Council of Australia Inc.**

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