



## Membership Application - School Nurses Association of NSW

Name of applicant: .....

Address for correspondence: .....  
.....

Phone number: ( ) .....

Email: .....

School name and address: .....  
.....  
.....

Phone numbers:

School ( ) .....

Health Centre ( ) .....

Email: .....

### Statistics

Number of day students: .....

Number of boarders: .....

Number of beds in Health Centre: .....

Opening hours of Health Centre: .....

Number of staff and hours worked: .....

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.....  
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Special conditions of employment (e.g. required to be on duty 24/7; on-call at weekends / o/n):

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.....

Any other information about your workplace you wish to deliver. (Add another page if you wish to tell us more.)

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***The membership year is January 1<sup>st</sup> to December 31<sup>st</sup>***

**I enclose my annual membership fee of \$60.**

**Signed:** .....

**Date:** .....