

Mental Health Consultation Liaison Nurses Association NSW and ACT

[www.mhclna.org.au](http://www.mhclna.org.au)

## Application for Membership

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CONTACT NUMBER: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I hereby apply to become a member of the Mental Health Consultation Liaison Nurses Association of NSW and ACT.

As a member I agree to be bound by the rules of the association for the time being in force.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make cheques or money orders for \$30 out to:**

Mental Health Consultation Liaison Nurses Association of NSW and ACT  
At this stage we are unable to accept cash, credit cards or direct deposits.

Post this form to:

MHCLNA  
P.O. Box 8122  
Blacktown  
NSW 2148

Office use only:

Membership paid/ approved: Date \_\_\_\_\_

Committee member: \_\_\_\_\_