

PERSONAL DETAILS

Miss Ms. Mrs. Mr. Dr. Assoc. Prof. Prof.

First name: _____

Surname: _____

Date of birth: ____ / ____ / ____

Postal address: _____

Suburb: _____

State: _____ Postcode: _____

Country: _____

Phone: (____) _____ Mobile: _____

Email: _____

Do you identify as Aboriginal or Torres Strait Islander?

Yes, Aboriginal Yes, Torres Strait Islander

PROFESSIONAL DETAILS (if applicable)

Employed Self-employed Endorsed Currently not working

Workplace Name: _____

Role (main): Clinician Administrator

Teacher/Educator Researcher Other (please specify): _____

Area (main): Antenatal care Neonatal Care Postnatal Care Care during Labour and Birth Continuum of midwifery care Midwifery education Midwifery Research Policy Other: _____

STUDENT/GRADUATE DETAILS

(attach a copy of student ID to your application if applicable)

University: _____

Name of course: _____

Student ID number (students only): _____

Completion Month/Year (expected completion Month/Year for students): _____

How did you hear about us?

ACM website Workplace/Other health professional
 ACM Liaison Midwife/Member – Name: _____
 Paper advertising Online advertising University
 Word of mouth Other: _____

MidPLUS CPD Tool

Free to Full, Graduate and Student Members.

Associate member	<input type="checkbox"/> \$27.50/year
Non-member	<input type="checkbox"/> \$220/year

MEMBERSHIP TYPES

TYPE	DESCRIPTION	FEES
Full	Registered midwife in Australia	<input type="checkbox"/> \$365/year <input type="checkbox"/> \$33/month
Student*	Undertaking <u>initial</u> education in an accredited midwifery program	<input type="checkbox"/> \$80/year
Graduate*	New midwife who has <u>completed their midwifery studies in the last 6 months</u>	<input type="checkbox"/> \$210/year <input type="checkbox"/> \$20/month
Associate	Midwives not currently practising, other non-midwife professionals, or anyone with an interest in midwifery	<input type="checkbox"/> \$220/year <input type="checkbox"/> \$21/month

* Conditions apply.

PAYMENT INFORMATION

If paying by Direct Debit:

Account name: _____

BSB: _____

Account number: _____

Direct Debit Recurring Payment Authority

I request and authorise Australian College of Midwives (ACM) User ID 303383 ABN 49 289 821 863 to arrange, through its own financial institution, a recurring debit from my nominated bank account below for the amount specified above. I agree to the conditions on the back of this form.

If paying by Credit Card:

Visa Mastercard

Card number: _____

Expiry date: _____ CVC number: _____

Cardholder's name: _____

Credit Card Recurring Payment Authority

I request and authorise Australian College of Midwives (ACM) User ID 303383 ABN 49 289 821 863 to arrange, through its own financial institution, a recurring charge to the credit card above for the amount specified above.

MEMBERSHIP AGREEMENT

- I have read and understand the Australian College of Midwives' [Terms & Conditions](#) and [Privacy Policy](#).
- I accept to be bound by the Constitution of the Australian College of Midwives.
- I agree to pay and be liable for the annual subscription fee paid annually or by installments as set out in the Recurring Payment/ Direct Debit Authority
- I understand that all memberships are generated annually for a 12 month term.

Applicant's Signature: _____

Date: _____

CONTACT US

Phone: 1300 360 480 | Fax: 02 6230 6033 | Email: members@midwives.org.au

Web: midwives.org.au | Post: PO Box 965, Civic Square ACT 2608

Direct Debit Service Agreement

This is your Direct Debit Service Agreement with Australian College of Midwives, User Id 303383, ABN: 49 289 821 863. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please read this agreement before signing the authorisation on the other side of this page.

Definitions

account means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited. *agreement* means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or *we* means Australian College of Midwives, (the Debit User) *you* have authorised by requesting a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained

1. Debiting your account

1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your* account. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*. Or *we* will only arrange for funds to be debited from *your account* if *we* have sent to the address nominated by *you* on the other side of this form, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

1.3 If the debit day falls on a day that is not a banking day, *we* may direct *your financial institution* to debit *your* account on the following banking day. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Amendments by us

2.1 *We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least fourteen (14) days written notice.

3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least 60 days notification by writing to: Australian College of Midwives, PO Box 965, Civic Square ACT 2608 Fax: 02 6230 6033, Email: members@midwives.org.au or by telephoning *us* on 02 6230 7333 during business hours; or arranging it through your own financial institution, which is required to act promptly on your instructions.

4. Your obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

(a) *you* may be charged a fee and/or interest by *your financial institution*;

(b) *you* may also incur fees or charges imposed or incurred by *us*; and

(c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct

5. Dispute

5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 02 6230 7333 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query more quickly. Alternatively, *you* can take it up directly with *your financial institution*.

5.2 If *we* conclude as a result of *our* investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.

5.3 If *we* conclude as a result of *our* investigations that *your account* has not been incorrectly debited *we* will respond to *your* query in writing by providing *you* with reasons and any evidence for this finding.

6. Accounts

You should check:

(a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.

(b) *your* account details which *you* have provided to *us* are correctly checking them against a recent *account* statement; and

(c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

7. Confidentiality

7.1 *We* will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 *We* will only disclose information that *we* have about *you*:

(a) to the extent specifically required by law; or

(b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to
Australian College of Midwives

PO Box 965

Civic Square ACT 2608

8.2 *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

8.3 Any notice will be deemed to have been received on the third *banking day* after posting.