



**The Nursing and Midwifery  
Unit Managers' Society of New South Wales (Inc.)  
Phone: (02) 8970 0128**

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

Email: [numsexce.admin@optusnet.com.au](mailto:numsexce.admin@optusnet.com.au)  
[numsexecadmin](mailto:numsexecadmin)



**The Nursing and Midwifery  
Unit Managers' Society of New South Wales (Inc.)  
Leading the Change**

**Advantages of Membership**

- Opportunity to attend relevant professional educational workshops and conference
- Subsidised Annual Conference rates
- Opportunity to qualify for educational assistance and Scholarships

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

As we value your privacy, the N & MUMS' Society does not give membership information to other parties without your consent.

## NURSING and MIDWIFERY Unit Managers

### Leading the Change

#### VISION:

"We are dynamic front line managers who are leading change for the profession."

#### PURPOSE:

"We are a support network who advocates for professionals interests of nursing and midwifery front line managers."

#### Membership Criteria

- Membership is open to all qualified registered nurses employed as N/MUMS or in a relief position as acting N/MUMS for a period of more than 3 months
- Registered Nurses and Midwives who are employed in their institution in a role that would be considered a N/MUMS position.
- The Executive must approve all applications for membership

#### Associate Membership Criteria

- Registered Nurses and Midwives interested in the career path of Nursing Unit Management or Midwifery Unit Management can also apply as Associate Members

#### APPLICATION FOR MEMBERSHIP

Post to: Administration Assistant, N&MUMS Society  
Po. Box: 197 Marrickville NSW 1475 Phone: (02) 8970 0128

Email: ~~numsexce.admin@optusnet.com.au~~  
numsexecadmin

SURNAME: .....  
GIVEN NAMES: .....  
HOME ADDRESS: .....  
..... POSTCODE: .....  
HOME PHONE: .....  
WORK ADDRESS: .....  
..... POSTCODE: .....  
PHONE: ..... FAX/EMAIL: .....  
TITLE/AREA OF WORK: .....  
DISTRICT: .....

Type of membership: Full - \$110.00 per Annum (Tax deductible)  
Associate \$90 per Annum (Tax deductible)

I agree to accept the constitution and abide by the rules of the Society as amended from time to time.

.....  
SIGNATURE

#### CREDIT CARD (Bankcard, Mastercard or Visa only)

Card No: .....  
Valid to: ..... Amount: .....  
Name on card: .....  
Signature: .....