In Pursuit of Excellence

NURSES' EDUCATION FUND

Level 2 Eleanor Harrald Building
Royal Adelaide Hospital
North Terrace
Adelaide
South Australia, 5000

TELEPHONE
(08) 8222 5107

FACSIMILE
(08) 8222 5108

MEMBERSHIP FORM

I _____
Initials *Surname* *Designation*

Hereby authorise Shared Services to pay the Royal Adelaide Hospital Nurses' Education Fund by way of payroll deduction the sum of **$6.00** per fortnightly pay, out of monies due and becoming due to me by the Royal Adelaide Hospital, provided however, that, where the present contribution to the Fund is varied from time to time, the amount of the present contribution shall be varied accordingly as from date of notice, in writing from the Fund of such variation.

Signature _____ Date _____

Print Name _____

Address _____

Phone number Home: _____ Mobile: _____

Employee Number _____

Forward to: The Treasurer
Royal Adelaide Hospital Nurses' Education Fund
Level 2 Eleanor Harrald Building
or Email: tina.grasso@sa.gov.au

Thank you

**Information regarding the RAH Nurses Education Fund can be found on the CALHN Intranet under Services – Nursing – Nursing Services – RAH Nurses Education Fund*