



NATIONAL ORGANISATION OF NURSES AND MIDWIVES OF MALAWI

Promote and maintain members' professional interests and Socio-Economic welfare to effectively contribute to quality healthcare services in the country

MEMBERSHIP REGISTRATION FORM

It is a MUST That You Fill In The Entire Form In UPPER CASE (Capital Letters)

False Information (CHEATERS) Will Result In a Penalty

OLD MEMBERSHIP NUMBER : **EMPLOYMENT NUMBER :**
(Old Members, DON'T forget to write your OLD Membership Number. The NEW One Will Be Printed On The Card)

FIRST NAME : **SURNAME :** **TITLE :**
(eg Mr, Ms, Sr etc)

MAIDEN NAME : **SEX :** M F **BIRTH DATE :**/...../.....
(Ladies Only) (Circle The Right One) (dd/mmm/yyyy eg 06/Apr/1916)

I AM : Staff Student/Associate Expatriate *(Tick The Right One)*

ADDRESS :

CONTACTS : Phone Fax Email

EMPLOYING BODY : GOVERNMENT NGO CHAM PRIVATE

EMPLOYER'S NAME AND ADDRESS :
(If Student, write College Name and Address)

PREVIOUS INSTITUTION :
(Old Members Only)

PRESENT INSTITUTION :

PRESENT LOCATION : District : Branch : Zone :
(If you do not know, ask for correct details)

CURRENT CADRE Registered Nurse Midwife Nurse Midwife Technician Enrolled Nurse Midwife
 Nursing/Midwifery Student *(If Student, Tick Your Category Generic Upgrader)*

DATE /YEAR OF QUALIFICATION :

(If Student) Nurses and Midwives Council of Malawi Index Number) : Year of Study:.....

NURSES and MIDWIVES COUNCIL OF MALAWI REGISTRATION NUMBERS :
(Qualified Nurse/Midwife who leave this part blank, will be regarded as NOT Qualified)

MEMBERSHIP FEES : *(1% of Average Gross Pay)* K2,700 /Month(RNM) K1,500 /Month(NMT) K50 /Month (Student)

AMOUNT PAID : MK..... **PAY DATE :**/...../..... **FOR THE YEAR :**
(dd/mmm/yyyy eg 06/Apr/2016)

CHEQUE NUMBER : **RECEIPT # :** **MONEY SOURCE :** Through Employer Self
(If paid by Individual)

RECRUITER'S NAME : **RECRUITER'S NONM # :** **RECRUITER'S PHONE :**
(Recruiter Membership Number)

RECRUITER'S POSITION LEVEL : NEC Secretariat Zonal District Branch Steward
(If Zonal, Then Write Zone Name :.....)

I Employment #..... Authorise to deduct MK..... monthly and remit the same to NONM in line with Section 36 of the Labour Relations Act No. 16 of 1996.
Signature : Date :/...../..... (dd/mmm/yyyy)