



Australian Orthopaedic Nurses' Association Inc
P.O. Box 534 GLEBE, NSW 2037
Website: www.aona.com.au
A.B.N. 34 930 295 178

NEW MEMBERSHIP APPLICATION for year 2007/2008

I, (Ms, Miss, Mrs, Mr) _____
(Given and Family Names)

of _____
(Full Postal Address)

wish to apply for full / associate membership of the AONA Inc. In the event of my admission as a member I agree to be bound by the Constitution of the AONA.

Signature of Applicant _____ Date _____

I, _____, as a financial member of the AONA Inc., hereby nominate the above applicant, who is personally known to me, for membership of the AONA Inc.

(Signature of Proposer) _____ (Date)

Note: If a financial member of the AONA Inc is unavailable, please forward completed form to the above address for consideration

Professional Qualifications of Applicant: _____

Applicant's Employment Details: _____

Please complete the following information for our records:

Home Phone Number: _____ Work Phone Number: _____

Email Address _____

Orthopaedic Area of Interest: _____

MEMBERSHIP FEES: For first year only, then annual membership fee will apply - **\$60.00**
(to be enclosed with application) Breakdown- Joining Fee: **\$10.00**- Membership: **\$50.00**

- ◆ All new members will receive a copy of the AONA Constitution and an association badge
- ◆ Replacement badges will be available at cost price by contacting the executive
- ◆ Membership is for twelve months, from 1st April 2007 to 31st March 2008

Return completed form to: The Membership Secretary, PO Box 534 Glebe, NSW 2037

Office use only:

Receipt No.	Data Base	Card	Badge	Letter	Constitution	Mailing List