



AONA MEMBERSHIP APPLICATION FORM

Type of Membership

..... Full (RN) Associate (EN)

Type of Application

..... Renewal of Membership New Membership

Personal Details

Surname..... Miss Mrs Ms Mr

Given Name(s).....

Home Address.....

City /Town..... Postcode.....

Home Telephone.....

Place of Work (Hospital etc).....

City/Town..... Postcode.....

Work Telephone.....

Email:.....

Present Position.....

NB Have you changed your Address or Place of work

Home address (yes) (no)

Place of work (yes) (no)

I hereby agree to abide by the rules of the Australian Ophthalmic Nurse's Association

Signature.....Date.....

Membership Fees

Full \$50.00 (due 1st March each year)

Associate \$40.00 (due 1st March each year)

Badge (optional) \$10.00

Payment Details

Direct deposit: **BSB: 112-879 Account Number: 027866891 Remitter:**
Name (Insert own name)

Cheque / money order (payable to **Australian Ophthalmic Nurses Association**)

Australian Ophthalmic Nurse's Association PO Box 3292, GPO Sydney
NSW 2001