



AONA MEMBERSHIP APPLICATION FORM

Type of Membership

.... Full (RNs) Associate (ENs Trade Rep)

Type of Application

.... Renewal of Membership New Membership

Personal Details (Please Print Clearly)

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.....

E-mail.....

Present Position.....

NB Have you changed your Address or Place of work

Home address Yes.../No... Place of work Yes.../No...

Permission for your information to be kept on The National Co-Ordination Committee database Yes.../No...

(Details can be found on the website)

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 including GST

Application Submission Please return your completed Membership Application Form, with your cheque made payable to, Australian Ophthalmic Nurse's Association, to Membership Secretary, PO Box 3292, GPO Sydney NSW 2001