



Australian Orthopaedic Nurses' Association - NSW 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 2009

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

of \_\_\_\_\_  
(Full Postal Address)

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, as a financial member of the AONA - NSW Inc., hereby nominate the above applicant, who is personally known to me, for membership of the AONA – NSW Inc.

\_\_\_\_\_(Signature of Proposer) \_\_\_\_\_ (Date)

**Note:** If a financial member of the AONA - NSW 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 – NSW Constitution and an association badge
- ◆ Replacement badges will be available at cost price by contacting the executive
- ◆ Membership is for twelve months, from 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010

**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