



Australian Orthopaedic Nurses' Association  
P.O. Box 534, GLEBE NSW 2037  
Website: [www.aona.com.au](http://www.aona.com.au)  
A.B.N. 34 930 295 178

## NEW MEMBERSHIP APPLICATION for year 2018/2019

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 \_\_\_\_\_

Professional Qualifications of Applicant: \_\_\_\_\_

Employment Details: \_\_\_\_\_

### Please complete the following information for our records:

Mobile Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Orthopaedic Area of Interest \_\_\_\_\_

**MEMBERSHIP FEES: \$80.00** for first year only, then annual membership fee will apply  
*Breakdown*- Joining Fee: \$10.00 + Annual Membership: \$70.00

- All new members will receive an AONA badge and membership card
- Membership is for twelve months, from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019

**Return completed form and payment via one of the options listed below.**

**Post:** The Membership Secretary, PO Box 534 Glebe, NSW 2037.

**Fax:** (02) 4734 1426

**Email:** [aona@aona.com.au](mailto:aona@aona.com.au)

Payment may be made by:

**Cheque:**  Make payable to: *Australian Orthopaedic Nurses' Association- NSW Inc.*

**Direct Deposit:**

**BSB 814-282**

**Account Number**

**10095418**

**Account name** Australian Orthopaedic Nurses Association (AONA) Inc

**Payee reference** = *Write your name under reference so that payment can be matched to member*

Office use only:

Receipt No.	Data Base	Card	Badge	Letter	Constitution	Mailing List