

Australian Ophthalmic Nurses' Association Q. Inc.

PO Box 877 Spring Hill QLD 4004 www.aona.org.au

Membership Application / Renewal 2010

Annual Membership \$60.00 Badge \$10.00 (optional)

Membership is valid from receipt of application and payment is due 1st July each year. Please Tick

- Application for membership Renewal of membership
 Assoc membership (non nurses) lapsed in (year) _____

Name: _____

Address: _____

Postcode: _____

Phone : _____

E-mail: _____

Cheque & Money orders payable to:

Australian Ophthalmic Nurses' Association
Queensland Inc.

PO Box 877
Spring Hill 4004

AONAQ Internet Banking Details:

BSB Number: -084-126

Account Number: 215014653

Remitter Name: (insert own name)

Please **attach copy of transaction report to membership form** and send to above address

For New Applicants

Proposed by: _____

Seconded by: _____

(AONA committee members will be pleased to propose and second new members who are unacquainted with existing members. Send your form and we will complete the above section.)

I hereby agree to abide by the rules of the association

Copies of the constitution are available to members & non-members on request.

Signature: _____

Date: _____

Member Profile (all to complete please)

- Age Bracket**
- 21-30
 - 31-40
 - 41-50
 - 51-60
 - 61 +

- Employed in**
- public sector
 - private sector
 - both
 - neither

- Hours per week working as a nurse**
- nil
 - 2-10
 - 11-24
 - 25-40

Area of work
If more than one attribute % to each

- OPD/clinic _____ %
- Ward _____ %
- Operating Room _____ %
- Day Surgery _____ %
- Dr's Rooms _____ %
- Other - detail _____

Qualifications

- Cert Nursing _____
- Ba Nursing _____
- Grad Cert _____
- Grad Dip _____
- Masters _____