Australian Ophthalmic Nurses' Association Q. Inc.

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

Membership Application / Renewal

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

Membership is valid from receipt of application and renewal is due 1st July each year.

Please Tick:

❑ Application for membership

❑ Assoc membership (non nurses)

❑ Renewal of membership 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 only:

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.)

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 _____

I hereby agree to abide by the rules of the association. I also agree to my member profile being used to provide statistical information to the association and its' affiliates – I understand that my personal details will not be shared outside AONAQ.

Signature: _____ **Date:** _____

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