ACORN
AUSTRALIAN COLLEGE OF PERIOPERATIVE NURSES
TASMANIA

ELIGIBILITY FOR MEMBERSHIP:

- *Full members of the Association shall be engaged in the field of Perioperative Nursing. Full members may stand for office and have full voting rights.*
- *Associate members of the Association have an interest in the field of Perioperative Nursing. Associate members shall not hold office and are not eligible to vote.*

APPLICATION FOR MEMBERSHIP: NEW RENEWAL ASSOCIATE

TITLE: _____
Surname Given

ADDRESS: _____

_____

POSTCODE: _____ **PHONE:** ( ) _____

E-MAIL ADDRESS: _____

_____

May ACORN use this address to alert you of ACORN Tasmania activities? YES NO

(We will not disclose your details to any third parties)

HOSPITAL: _____ **POSITION HELD:** _____

_____

It is a requirement of Incorporation that each member sign the following on joining and renewal of membership:

I AGREE TO BECOME A MEMBER OF THE AUSTRALIAN COLLEGE OF PERIOPERATIVE NURSES LIMITED AND TO BE BOUND BY THE MEMORANDUM OF ASSOCIATION THEREOF.

SIGNED: _____ DATE:_____

Annual membership fee is $100. Please enclose application form and payment of either (tick appropriate box):

- ☐ Cheque for $100.00
- ☐ Money order for $100.00
- ☐ Credit card authority for $110.00 (see below)
- ☐ EFTPOS Direct Deposit $100 **BSB 067 102 Account 2800 0986**

Mailed Membership payments can be addressed to:
Honorary Treasurer
Tasmanian Operating Room Nurses Incorporated
PO Box 513, Kings Meadows, Tasmania 7249

Nominated by current ACORN Tasmania Member

Name: _____

Signature:

All membership renewals are renewed annually 12 months from date of expiry.
Late Renewal incurs a late payment fee of $10. Total annual late renewal fee is $110

To: ACORN Tasmania Inc. Please charge this purchase to my **Mastercard / Visa / Bankcard.** **(circle)**
Total: $110.00 *(includes $10.00 processing fee)*
My full card number is: -

Expiry Date: ____/____

Cardholder's name (please print) _____

Signature of Cardholder: _____