



OPERATING ROOM NURSES' ASSOCIATION
of WESTERN AUSTRALIA (INC)
ABN 96 661 183 352

P.O. Box 1370 Booragoon, Western Australia 6954
www.ornawa.org



ORNA Membership Application/Renewal Form 2017

Membership Fees: *(Please tick one)*

- New Membership (\$120.00)**
 Renewal (\$90.00)

All prices stated above include GST

- Student Membership (\$50.00)**
 Lapsed Membership (\$120.00)

Effective 01/01/2017

Membership Type: *(Please tick one)*

- Full**
 Student

- Associate**

SURNAME: _____ FIRST NAME: _____

POSTAL ADDRESS: _____

CONTACT DETAILS: WORK: _____ MOBILE: _____

E-MAIL ADDRESS: (please print clearly): _____

Would you prefer to receive your Minutes/Notices by: *(Please Tick)* Email Mail

I am currently employed at: _____

Position: _____

Specialty/Interests: _____

I agree to become a Member of the Operating Room Nurses Association of WA Inc (ORNA) and to be bound by the Constitution.

I agree to become a Member of the Australian College of Operating Room Nurses Ltd (ACORN) and to be bound by the Memorandum and Articles of Association.

By agreeing to become a member of the Australian College of Operating Room Nurse Ltd, you will have member access to the ACORN website and receive notifications and communications directly from ACORN. Access is via your email address which is supplied to ACORN as part of your membership to the College.

I agree to renew my membership within 3 months after its expiry. Thereafter, ORNA can impose a reinstatement fee of \$120.00 to renew my lapsed membership.

I may opt out of this service at any time. I am also aware that my access to the benefits associated with my ORNA membership would be terminated when I opt out.

Date:

Signature: _____



OPERATING ROOM NURSES' ASSOCIATION
of WESTERN AUSTRALIA (INC)
ABN 96 661 183 352

P.O. Box 1370 Booragoon, Western Australia 6954
www.ornawa.org



PLEASE DO NOT DETACH THIS SECTION

PAYMENT:

I wish to pay by: *Please select* Cheque Money Order Credit Card EFT

Type of Card: *Please select* Visa MasterCard

Credit Card Number: _____

Expiry Date: _____ Amount: \$ _____

Name as it appears on credit card: _____

Signature: _____ Date: _____

Electronic Funds Transfer

BSB: 066 125

Account Number: 00903526

Account Name; Operating Room Nurses Association

Reference: Your Surname and Initial (e.g. Watson, J)

☞ **Full Membership**

- ☞ It is available to Registered and Enrolled Nurses practicing perioperative nursing in Western Australia.
- ☞ Full members are entitled to vote on business, apply for State and National financial assistance and receive the ACORN Journal.

☞ **Student Membership**

- ☞ It is only available to undergraduates studying nursing in Western Australia. Applications must be submitted with a current University student ID to be eligible for the student membership.
- ☞ Student members receive all the benefits of membership except they are unable to vote or apply for funding assistance.

☞ **Associate Membership**

- ☞ It is available to others who have an interest in perioperative practice.
- ☞ Associate members receive all the benefits of membership except they are unable to vote or apply for funding assistance.

www.ornawa.org

enquiries@ornawa.org

membership@ornawa.org

ORNA WA (Inc)
PO Box 1370
Booragoon
WA 6954