



Australian College of Operating Room Nurses Ltd

'Promoting Excellence in Perioperative Nursing'

APPLICATION FOR LOCAL ASSOCIATION MEMBERSHIP



I wish to join/renew as a member of:

Local Association: _____ Branch: _____ Membership Number: _____

There are 6 categories of membership

Membership is for 12 months

- \$90.00 **ORDINARY MEMBERS/ FULL MEMBERSHIP** shall be nurses that are working in the perioperative environment, ambulatory surgery, perioperative care of patients, or in the management, teaching, or research of perioperative nursing. Ordinary members have the right to hold office, serve on committees and vote at a general meeting and apply for grants and the right to wear the ACORN stole.
- \$150.00 **AFFILIATE / ASSOCIATE MEMBERS** shall be industry representatives, sterilising service managers, data managers in the perioperative environment and other individuals as determined by Local Associations who have an interest in perioperative patient care. Affiliate members shall receive all publications and notices but will not be eligible to vote, to hold office or serve on committees, receive grants or have the right to wear the ACORN stole.
- \$55.00 **RETIRED MEMBERS** shall be those nurses who have ceased their active practice in the perioperative care setting by reason of retirement or permanent disability. Retired members shall receive all publications and notices but shall not be eligible to vote, to hold office or serve on committees or to receive grants.
- \$55.00 **STUDENT MEMBERS** shall be those enrolled in a school of nursing and not currently registered to practise as a nurse. Applications for Student membership must provide the name of their nursing school and a copy of student ID. Student members shall receive all publications and notices but shall not be eligible to vote, to hold office or serve on committees, receive grants or the right to wear the ACORN stole. **(NOT AVAILABLE IN ALL STATES)**
- LIFE MEMBERS** For database purposes only. **(PLEASE CHECK WITH YOUR LOCAL ASSOCIATION)**
- HONORARY LIFE MEMBERS** For database purposes only. **(PLEASE CHECK WITH YOUR LOCAL ASSOCIATION)**

Name: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____ Country: _____

Telephone Number: _____

Mobile Number: _____

E-mail Address: _____

Perioperative Specialty Area: _____

Name of Employer: _____

Hospital/Institution: _____

Telephone Number: _____

Role/Title: _____

Nurses Board Registration Number: _____

Speciality Practice Groups (SPG) Dues. Membership to this group is optional

- Anaesthetics
- Day Surgery
- Educator
- Management
- Paediatric
- Pain Management
- PARU
- PNSA
- Preoperative Assessment
- Instrument/Circulating
- Sterilising Services
- Trauma

The purpose of Speciality Practice Groups (SPG) is to bring together sub-speciality nurses who share a special practice in a speciality area of perioperative nursing. SPGs are member-driven and offer a variety of net-working and educational opportunities, serve as a resource on practice and professional issues and facilitate research within the organisation.

PAYMENT DETAILS: \$ _____
TOTAL DUES PAYMENT

Cheque/Bank Cheque

Money Order

Please make cheque/money order payable to ACORN Ltd and must be in Australian Dollars



Biller Code: 212 647
Ref:

Please charge my: VISA MasterCard

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Name on Card: _____

Signature: _____

Please return application to:
ACORN

ABN: 64 071 142 768

PO Box 325 O'Halloran Hill Sth Aust 5158

Telephone: 08 8387 9666 Facsimile: 08 8322 2999 E-mail acorncompany@senet.com.au

Please allow 4 weeks for processing

NEW MEMBERS: Your website forum information will be included in New Membership Packs. For Renewing Members if you don't have a forum access name and password please contact ACORN and one will be sent to you

DEMOGRAPHICS – Please select all that apply

<p>Professional Status:</p> <p><input type="checkbox"/> RN <input type="checkbox"/> EN <input type="checkbox"/> Other: _____</p> <p>Position:</p> <p><input type="checkbox"/> Staff Nurse <input type="checkbox"/> Clinical <input type="checkbox"/> Supervisor/Coordinator <input type="checkbox"/> Administrator <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Educator <input type="checkbox"/> Consultant <input type="checkbox"/> Nurse Manager/Clinical Nurse Consultant <input type="checkbox"/> Other: _____</p> <p>Practice Setting:</p> <p><input type="checkbox"/> Hospital PARU <input type="checkbox"/> Hospital ASU <input type="checkbox"/> Freestanding ASU <input type="checkbox"/> Preanesthesia Holding <input type="checkbox"/> CSSD <input type="checkbox"/> Theatre <input type="checkbox"/> Speciality OR <input type="checkbox"/> Spec. Procedure/Intervention Radiology <input type="checkbox"/> Agency <input type="checkbox"/> Other: _____</p> <p>No. Years in Perioperative Nursing:</p> <p>1. <input type="checkbox"/> 1-5 4. <input type="checkbox"/> 21-30 2. <input type="checkbox"/> 6-10 5. <input type="checkbox"/> Over 30 3. <input type="checkbox"/> 11-20 6. <input type="checkbox"/> Over 40</p>	<p>Education:</p> <p>1. <input type="checkbox"/> Diploma 6. <input type="checkbox"/> MS/MA other field 2. <input type="checkbox"/> Certificate 7. <input type="checkbox"/> Doctorate Nursing 3. <input type="checkbox"/> BS Nursing 8. <input type="checkbox"/> PhD/EdD 4. <input type="checkbox"/> Bs/BA other field 9. <input type="checkbox"/> Other: _____ 5. <input type="checkbox"/> MS Nursing</p> <p>Gender:</p> <p>1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female</p> <p>Age:</p> <p>1. <input type="checkbox"/> Under 25 4. <input type="checkbox"/> 46-55 2. <input type="checkbox"/> 25-35 5. <input type="checkbox"/> Over 55 3. <input type="checkbox"/> 36-45</p> <p>Facility:</p> <p>1. <input type="checkbox"/> 50 beds or under 5. <input type="checkbox"/> Over 750 beds 2. <input type="checkbox"/> 51-150 beds 6. <input type="checkbox"/> No overnight beds 3. <input type="checkbox"/> 151-400 beds 7. <input type="checkbox"/> Not applicable 4. <input type="checkbox"/> 401-750 beds</p> <p>Additional Membership:</p> <p>1. <input type="checkbox"/> RCNA 4. <input type="checkbox"/> IFPN 2. <input type="checkbox"/> AORN 5. <input type="checkbox"/> AfPP 3. <input type="checkbox"/> ACCIN 6. <input type="checkbox"/> Other: _____</p> <p>GENERAL INFORMATION</p> <p>1. How did you hear about ACORN?</p> <p><input type="checkbox"/> Colleague <input type="checkbox"/> Work <input type="checkbox"/> Internet <input type="checkbox"/> Overseas speaker <input type="checkbox"/> Conference Please provide details: _____</p> <p>2. Were you recruited by an ACORN Member?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Name of Member: _____</p>
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Office Use Only

Application Received by: _____ (Signed) _____ (date)

Application Received By ACORN Secretariat: _____ (Signed) _____ (date)

Processed : _____ (date)