



## APPLICATION FOR OVERSEAS PERIOPERATIVE NURSE MEMBERSHIP

Full Name: .....

Postal Address: .....

..... Post Code: .....

Telephone: Work ( ) ..... Email: .....

Name of Employer: .....

Hospital/Institution: .....

Nature of Work: .....

Overseas Perioperative Nurse Membership of ACORN entitles members to all the benefits of full membership with the exception of:

- Voting rights
- Access to grants.

Benefits include:

- Discount members rates for ACORN Conferences
- ACORN Journals
- Access to the ACORN Corporate Qantas Club rates.

Please accept my application for Overseas Perioperative Nurse Membership of ACORN.

Signed: ..... Date: .....

Please print: .....

Payment of \$150 per annum is due and payable on ratification of membership by the ACORN Board.

Payment may be made by cheque, Australian Money Order or by Credit Card.

I wish to pay by:

Bankcard                       Visa                       MasterCard

Card Number:

Expiry date on card:

Name on card: .....

Signature: .....

Date: .....

Cheque or Money Order (payable to ACORN)

Please send this application form to:

ACORN Secretariat  
111 Main South Road O'Halloran Hill SA 5158  
Telephone: (08) 8387 9666 Facsimile: (08) 8322 2999 E-mail: acorncompany@senet.com.au