



# Perioperative Nurses Association of Queensland Inc.

## Membership Information & Application for Membership

### Membership Benefits

- Receive subsidised registration fees to affiliated educational activities, local state and interstate
- Free bi-monthly education sessions - supporting your professional development for nursing audits and CV
- ACORN Journal X 4 per year
- PNAQ Online Newsletter X 8 per year
- Access to PNAQ website
- Access to ACORN website members forums
- Opportunity to apply for Scholarships and Grants
- Easy access to nation wide Perioperative Nursing networks
- Professional recognition
- Membership fees are tax deductible

### PNAQ Objectives

- To advocate for the professional and economic status of members of PNAQ Inc.
- To promote professional development, education & research in Perioperative Practice.
- To provide expert advice to external bodies on issues of Perioperative Nursing Practice
- To liaise with National and International bodies on matters pertaining to Perioperative Nursing.
- To promote unity within PNAQ Inc to strengthen the national voice for Perioperative Nursing
- To promote PNAQ as a professional supportive network throughout health facilities within Queensland.
- To provide a resource network for Perioperative Nurses in their field/external advice to external bodies.
- To develop, lead and nurture nurses in Perioperative practice through professional development, education and research opportunities

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Title: Ms / Mrs / Miss / Mr \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb/City \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address \_\_\_\_\_

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Employer/Hospital: \_\_\_\_\_

Practice Stream: Clinical  Management  Education

Position: AIN  Enrolled Nurse  Registered Nurse  Level: \_\_\_\_\_

PNAQ Branch: \_\_\_\_\_

Introduced by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

PNAQ Committee Position Held: \_\_\_\_\_ Year: \_\_\_\_\_

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I agree to become a member of Australian College of Operating Room Nurses Limited and to be bound by the memorandum and articles of the Association.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## Membership Payment Details

**Annual Membership Fee \$88.00** (subject to change at AGM)

- Please note that you are not required to forward payment with this Membership Application Form.
- Your membership fee is to be paid upon receipt of a Tax Invoice forwarded once your membership is approved by the PNAQ Management Committee.
- Your membership will become active and you will receive a Membership card and number upon receipt of your membership fee payment.
- Membership fees will be due annually on 1 April. A Tax Invoice will be forwarded to you two months prior to the due date.

Office use only: Membership considered by committee: Date \_\_\_/\_\_\_/200\_\_

Accepted / Rejected Signed: \_\_\_\_\_

Applicant notified: Date \_\_\_/\_\_\_/200\_\_

The personal information you supply as part of your membership application will only be used for ACORN and PNAQ business.  
The information collected will not be disclosed to a third party

Please forward your completed application by POST: PNAQ Inc PO Box 2518 Brisbane Qld 4001, Or FAX: 07 3314 7062  
email: [pnaq@pnaq.net.au](mailto:pnaq@pnaq.net.au) [www.pnaq.net.au](http://www.pnaq.net.au)