

# SAPNA NEW MEMBER APPLICATION FORM 2017

## For Ordinary, Individual Membership

Membership of SAPNA includes membership to the SA Perioperative Nursing Specialty Groups and the Australian College of Perioperative Nurses (ACORN)

Nurses working in the perioperative field in South Australia are eligible to join SAPNA. Membership is for 12 months, and will be due for renewal on the anniversary of your joining date. New members must apply to join either using the online form on the SAPNA website [www.sapna.org.au](http://www.sapna.org.au), or by completing and submit this form by post or scan and email to: [secretariat@sapna.org.au](mailto:secretariat@sapna.org.au)



SOUTH AUSTRALIAN  
PERIOPERATIVE NURSES  
ASSOCIATION INCORPORATED

ABN 45 719 327 655

PO BOX 149  
O'HALLORAN HILL SA 5158  
[www.sapna.org.au](http://www.sapna.org.au)



**New Member:** Join SAPNA \$110 incl GST

Join SAPNA before 1st September in any year to be in the draw to win a \$150 shopping voucher (drawn each year at SAPNA's major annual event).

### Important - Please Read

Your SAPNA membership includes membership to ACORN, the Australian College of Perioperative Nurses. This entitles you to receive quarterly ACORN Journals, and access the Members Only sections of the ACORN website, participate in free webinars, and take advantage of other discounted resources.

To facilitate this, your contact details provided in this form will be shared with ACORN for their database, your member access to the ACORN website, and timely delivery of notifications. No payment information will be shared. Submission of your application constitutes your approval to share these details with ACORN.

### Please PRINT CLEARLY

#### Your Name

Preferred Title: Mr Mrs Ms Miss DrOther .....

Preferred First/Given Name.....

Family Name .....

#### Phone and Email

Home ..... Mobile .....

Email : .....

In all but exceptional circumstances, SAPNA correspondence and notifications will be via email. If this is an issue for you, please contact the SAPNA Secretariat on 0419 513 995.

#### Member Referral Program

Have you been referred and inspired to join by a SAPNA member ? If so, please let us know their name so that they have a chance to win too!

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#### Postal Address for Written Correspondence and ACORN Journals

No. and Street .....

Suburb .....

State ..... Postcode .....

#### Professional Details

Job Title ..... RN / EN

Hospital/Organisation .....

Periop Specialty (eg. recovery) .....

#### SAPNA Specialty Interest Groups:

Would you like to belong to any of our Specialty Interest Groups? Groups meet after presentations at SAPNA Quarterly Education Sessions.

- Anaesthetic Nursing Group
- Operating Theatre Group
- Recovery Group

**PAYMENT** SAPNA Fees for New Membership are: New (Joining) \$110 incl GST

**Please complete and post or email this form if paying by either of the methods below:**

**Direct Deposit:** Via Internet Banking to:

**BSB: 035-087 A/C: 162861**

Please use your **SURNAME** and SAPNA membership number (if you have one) as a reference so that we can identify your payment.. Please also indicate the date and receipt number of your transfer here:

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**Credit Card:** Please complete credit card details below - Mastercard and Visa only.

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Expiry: ..... / ..... CSV (3 digit # on back of card) .....

Name on Card: .....

Amount: ..... Signature .....

We will forward your confirmation and receipt by post. Please allow 10 days for processing.



SAPNA Secretariat PO Box 149 O'Halloran Hill SA 5158



[secretariat@sapna.org.au](mailto:secretariat@sapna.org.au)