

SAPNA AFFILIATE MEMBERSHIP

APPLICATION FORM



Affiliate Membership to SAPNA is available to individuals only.

Benefits include discount member rates for SAPNA and ACORN Conferences, newsletters, quarterly ACORN Journal, Free-to-Member Education Sessions, Free Webinars, Member updates and networking opportunities.

Full Name:

Postal Address:

..... Postcode:.....

Telephone: Work Email:

Name of Employer or Organisation:

Position in Organisation:

Briefly describe how you interact with or are 'affiliated' with the perioperative nursing environment and/or SAPNA:

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Affiliate Membership of SAPNA entitles members to all the benefits of full membership *with the exception of* voting rights and access to SAPNA and ACORN grants and financial assistance.

Please accept my application for Affiliate Membership of SAPNA.

Please print name:

Signed: Date:.....

Payment of \$135 including GST for new affiliate memberships and \$125 including GST for renewals per annum is due and payable on confirmation that this application has been accepted and approved by the SAPNA Committee. An invoice will be issued. Please forward this application form via post or email to:

SAPNA Secretariat
PO Box 323
Lyndoch SA 5351

secretariat@sapna.org.au

SAPNA COMMITTEE USE ONLY

Eligibility criteria checked by: _____ Date _____

Considered at Meeting on _____ Approved Yes / No

Applicant Advised by: _____ Date _____

Membership documentation completed by: _____ Date _____