

MEMBERSHIP APPLICATION FORM

Membership of SAPNA includes membership to 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. A reminder will be emailed to you.



Why not join online? No paperwork or posting!

www.sapna.org.au/membership/member-application/

- New Member: \$135 incl GST - 12 months membership
- Past Member Re-Joining: (where membership has lapsed) \$135 incl GST - 12 months membership. If you have not been a member for the last 60 days, you will receive a new membership number.

 **Member Referral Program:** Have you been referred or inspired to join by a SAPNA member? If so, please tell us their name so that they have a chance to win!
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Your Name
Preferred Title: Mr Mrs Ms Miss Dr Other

Preferred First/Given Name

Family Name

Postal Address for Written Correspondence and ACORN Journals
No. and Street

Suburb

State Postcode

Phone and Email
Home *Mobile*

Email

We will generally correspond with you via email.

Job TitleRN / EN

Hospital/Organisation

Clinical Speciality:
 Anaesthetic Nursing
 Operating Theatre
 Recovery
 Other.....

SOUTH AUSTRALIAN
PERIOPERATIVE NURSES
ASSOCIATION INCORPORATED
ABN 45 719 327 655
PO BOX 38
HIGHGATE SA 5063
www.sapna.org.au

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 webinars, and take advantage of other important resources.

To facilitate this, your name, postal address and email address may be provided to ACORN for their database and timely delivery of notifications. Submission of your application is deemed to be your approval to forward these details to ACORN.

PAYMENT


SAPNA Membership Fees are:

New (Joining) and Re-Joining \$135 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 as a reference so that we can identify your payment. Please also indicate the date and receipt number of your transfer here:
- Invoice: request an invoice be emailed to you with payment Options.

You will receive confirmation of your payment and membership to the email address provided on this form.

 **SAPNA Secretariat**
PO Box 38
HIGHGATE SA 5063
 **secretariat@sapna.org.au**