



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 Newsletter X 10 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

Title: _____ Ms / Mrs / Miss / Mr

Last Name: _____ First Name: _____

Postal Address: _____

Suburb/City _____ Postcode: _____

Home Phone: _____ Work Phone: _____

Email address _____

Preferred method of receiving PNAQ Newsletter: Via Post - Hard Copy OR Via Email - electronic Copy

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: _____

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 3260 5402

www.pnaq.net.au