

The New Zealand Orthopaedic Nurses Association Membership Application Form



Complete form and return with remittance to:
Diane Lanting Email: dianz@xtra.co.nz
61 Sunnyhills Avenue
Hamilton 3206

Preferred Title: Miss Ms Mrs Mr

Surname: _____

First Names: _____

Street No. & Name: _____

City: _____

Post Code: _____

Home phone no: _____

Mobile no: _____

Home Email: _____

Present Employer: _____

Please indicate

New member

Renewal

Membership Category

Full \$50.00

Note: \$10.00 of your membership fee is forwarded to the Australia New Zealand Orthopaedic Nurses Association with which NZONA is affiliated

Payment Options

Cheque (Please make cheque payable to NZ Orthopaedic Nurses)

Cash

Internet Banking ANZ 01 0194 0203585 00

Current Position

- Staff Nurse
- Enrolled Nurse
- Clinical Nurse Specialist
- Clinical Nurse Manager
- Nurse Educator
- Other – Specify _____

Age

- < 20 yrs
- 20 - 30 yrs
- 30 - 40 yrs
- 40 - 50 yrs
- > 50 yrs

Area of Practice

- Adult orthopaedics (inpatient)
- Paed. Orthopaedics (inpatient)
- Operating theatre
- Clinic / Plaster room
- Education / teaching

Areas of Interest (tick as many as apply)

- Spines
- Trauma
- Joint replacements
- Wound management
- Plastering
- Education
- Other – Specify _____

Years of Orthopaedic Experience

- 0 – 5 yrs
- 6 – 10 yrs
- 11 – 15 yrs
- 16 – 20 yrs
- 20 – 30 yrs
- > 30 yrs

Renewals Only

Enter your membership card number below

Date: _____