



# ORTHOPAEDIC NURSES ASSOCIATION OF WESTERN AUSTRALIA INC

## MEMBERSHIP 2017

NAME	Please insert / amend details here
MAILING ADDRESS	
CONTACT DETAILS	
Telephone (Home)	
Telephone (Work)	
Mobile	
Email	
EMPLOYMENT DETAILS	
Place of Work	
Position held at work	

This information is required to enable the Association to comply with its statutory requirements and inform members of upcoming events. A full copy of the Association's Privacy Policy is available in the website [www.ona.asn.au](http://www.ona.asn.au). A written copy can be sent to you upon your request.

<b>FULL MEMBERSHIP FEE</b> (GST not included)	<b>\$150.00 (includes journal)</b>
<b>DUE BY:</b>	<b>1 March 2017</b>

Membership Payment     Cheque     Money Order     EFTPOS Date \_\_\_/\_\_\_/\_\_\_  
 Transfer Number \_\_\_\_\_

### EFTPOS TRANSFER

Please include "your name" and "Membership" with your direct payment.

**BSB:** 806 015      **Account Number:** 01937208

**Account Name:** Orthopaedic Nurses Association

***Date of transfer must be included with completed enrolment form for processing of membership***

Return this form to: [treasurer@ona.asn.au](mailto:treasurer@ona.asn.au)

ALL 2017 MEMBERSHIPS END 28 FEBRUARY 2018