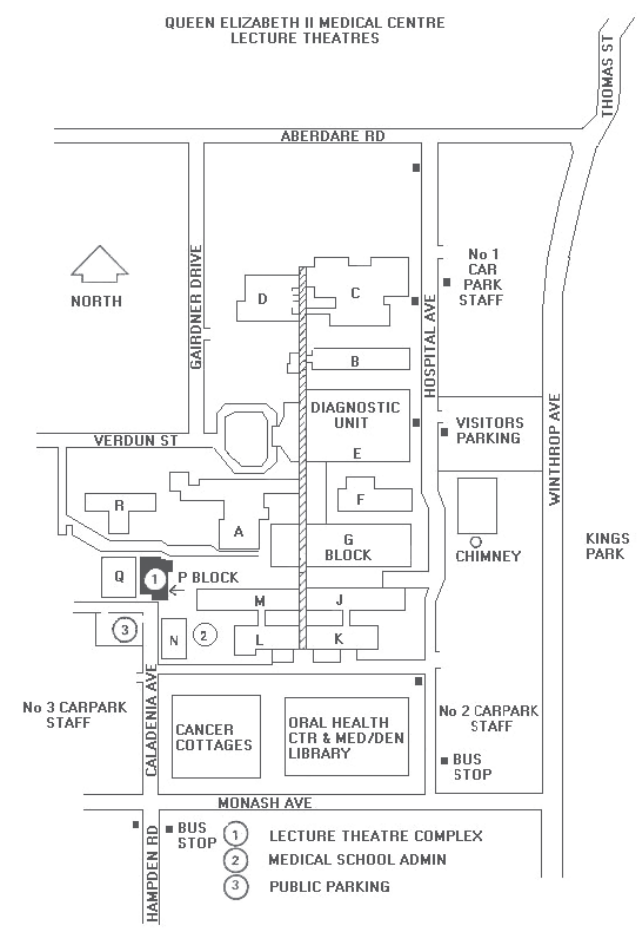


**Location of Clarke Lecture Theatres
at
Sir Charles Gairdner Hospital
for
WAPNA Seminars**



WAPNA
A Network for Practice Nurses
[Based in Western Australia]

*Membership Application
Form*



Ph: 0449 256 648

www.wapna.org.au



NURSES ASSOCIATION (WAPNA)

MEMBERSHIP:

- ⌚ FULL: Nurses currently registered with the Nurses' Board of WA, and employed in Doctors' Surgeries, (General Practice, Specialists, Pathology or Private Outpatient clinics); or others with an interest in this area.
- ⌚ AFFILIATE: Individual, corporation or incorporated body interested in the work of the Association (Do not have voting entitlements).

OBJECTIVES:

- ⌚ To break down professional isolation by providing a forum for communication and social contact between practice nurses and others.
- ⌚ To assist members with continuing professional development.
- ⌚ To promote the role of the Practice Nurse in general practice.
- ⌚ To provide expert opinion on practice nursing as required.

BENEFITS OF MEMBERSHIP

- ⌚ Professional support
- ⌚ Guest speakers at FREE monthly meetings and seminars
- ⌚ Discount registration to WAPNA seminars (1/2 day 3 times / year on a Saturday)
- ⌚ Newsletter 3-4 times / year
- ⌚ Discount membership to the Australian Practice Nurses Association (APNA)
- ⌚ Discount at APNA conferences

MEETINGS:

- ⌚ Monthly education meetings held on 3rd Monday of each month (Feb – Nov)
Time: 7 – 9 PM
Venue: CLINIPATH,
647 Murray Street,
West Perth WA 6005
Ph 9476 5222
- ⌚ Business Meetings held quarterly – dates on website
- ⌚ AGM - August

Minutes of meetings available on the WAPNA website
<http://www.wapna.org.au/minutes.html>

MEMBERSHIP \$30.00 (1yr) or \$80 (3 yrs)

BADGE: \$6.00

Payment Options:

Enclose a cheque made out to **WAPNA**
or
Pay by **E.F.T.** Bendigo Bank
BSB 633 000 A/c No: 128982683

Forward completed form to:

Sarah Fry
45 Sublime Glade
Carramar WA 6031
Ph: 9306 5977

For further enquiries: **0449 256 648**



W.A. PRACTICE NURSES ASSOCIATION
ABN 77 328 742 618

APPLICATION FOR MEMBERSHIP

DATE ___/___/___

- NEW 1 yr 3 yrs
RENEWAL 1 yr 3 yrs
AFFILIATE 1 yr 3 yrs

****Please tick correct category****

NAME _____

ADDRESS _____

_____ P/C _____

Phone: _____ Mobile _____

Email _____

WORKPLACE _____

ADDRESS _____

_____ Ph _____