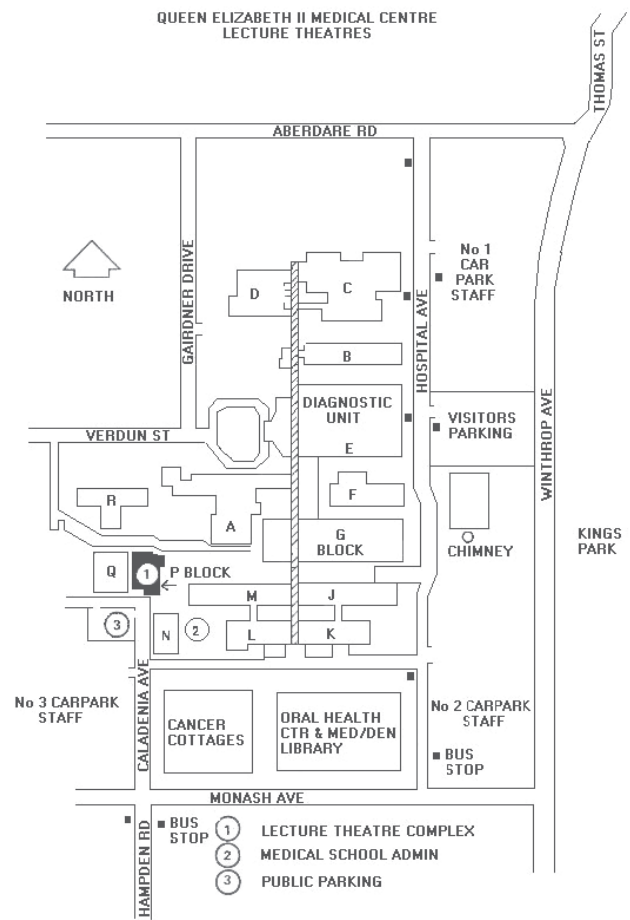


**Location of Clarke Lecture Theatres  
at  
Sir Charles Gairdner Hospital  
for  
WAPNA Seminars**



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

*Membership Application  
Form*



Ph: 0449 256 648

[www.wapna.org.au](http://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:

Jo Johnson  
19 Alsace Street  
Carine WA 6020  
Ph: 9448 0150

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 \_\_\_\_\_