

Membership Form: Application OR Renewal

Membership of the CoNNO is open to nursing organisations* subject to the following criteria:

1. That the organisation* has members in four or more states/territories of Australia Yes No

If yes, please stipulate which States/Territories.....

Indicate member numbers per state/territory:.....Total:

2. That its membership:

- Is all enrolled and/or registered nurses
- Reflects the nursing section of a multidisciplinary group
- Is a clear network of nurses within a multidisciplinary group who can commit a nurse representative who will ensure feedback to nurses in the practice area
- Ensures the nature of activities undertaken clearly align with the ANMC Codes of Professional Conduct and Ethics for Nurses in Australia,

CoNNO will only accept membership of one organization* to represent a particular nursing specialty. Membership applications will be reviewed twice a year in May and October at the CoNNO Council meetings. The Secretariat will advise the applicant of the outcome within 7 days.

National Nursing Organisations are required to renew their membership every 2 years.

Please complete this form and return it to the Secretariat as soon as possible. Organisations* choosing not to renew membership are asked to notify the secretariat in writing.

Organisation Name:

Organisation Address:

Postal Address:

Phone:..... **Fax:**.....

Email: **Website:**

Specify year the organisation was established:

Please indicate if: incorporated OR a company limited by guarantee

Please provide date of incorporation/registration as a company limited by guarantee:.....

* An organisation is a member organisation

Brief description of your governance structure:

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.....

Please provide a brief description of the membership type your organisation represents:

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Are there any other organisations that represent nurses in this speciality group in Australia?

YES NO

Name of Organisation/s:

How is your organisation different?

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.....
.....

Office bearer renewing or applying for membership:

Name: Position:

Signed: Date:

Organisation Representative: *Each organisation may nominate up to two representatives.*

Representative One

Name:

Postal:

Phone: Fax:.....

Email:

Representative Two

Name:

Postal:

Phone: Fax:.....

Email: