

Membership Application Form



BLOCK PRINT ALL DETAILS

Title: **Forename:**..... **Surname:**

It is intended that correspondence will be by email.

Please provide an email address that you have regular access to:

Email Address: **or**

Home Address:

Work Address:

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Home Phone No.:

Work Phone No.:.....

Mobile Phone No.

Professional Qualifications: (please tick all that apply)

RCN/ RN Child RGN RPN RNID PHN

RM NT **Other** (please specify)

Current Position:

Special Professional Interests:.....

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Please return this completed form and post along with your membership fee for **20 euro** to:

Membership Secretary
Irish Association of Children's Nurses
PO Box 9839
Tallaght
Dublin 24

Students undertaking the pre-registration childrens/
general or post-registration children's nursing
programme can join free of charge. Please state college/
university attending below