

## NATIONAL SECTION AFFILIATION FORM

Please complete this form using Block Capitals

Full Name:

Home Address:

INMO Membership No:

Email Address:

Mobile No:  Home / Work:

Current Place of Employment:

Current Job Title:

## AFFILIATION FORM FOR INMO SECTION MEMBERSHIP

*Please tick the ONE relevant Section that you wish to affiliate to*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Emergency Nurses Section  | <input type="checkbox"/> General Practice Nurses Section     | <input type="checkbox"/> R.N.I.D. Section                                     |
| <input type="checkbox"/> Assistant Director of Nursing / Midwifery / Night Superintendent Section    | <input type="checkbox"/> Midwives Section                    | <input type="checkbox"/> Rehabilitation Nurses Section                        |
| <input type="checkbox"/> Clinical Placement Co-Ordinators Section                                    | <input type="checkbox"/> Nurse/Midwife Education Section     | <input type="checkbox"/> Research Nurses / Midwives Section                   |
| <input type="checkbox"/> Clinical Nurse / Midwife Specialist   | <input type="checkbox"/> Occupational Health Nurses Section  | <input type="checkbox"/> Retired Nurse/Midwife Section                        |
| <input type="checkbox"/> Care of the Older Person Section  | <input type="checkbox"/> Operating Department Nurses Section | <input type="checkbox"/> School Nurses Section                                |
| <input type="checkbox"/> Director of Nursing / Midwifery / Director of Public Health Nursing Section | <input type="checkbox"/> International Nurses Section        | <input type="checkbox"/> Student Nurse / Midwives Section                     |
| <input type="checkbox"/> Community RGN Section   | <input type="checkbox"/> Orthopaedic Nurses Section          | <input type="checkbox"/> Telephone Triage Nurses Section                      |
| <input type="checkbox"/> Clinical Nurse / Midwife Manager Section                                    | <input type="checkbox"/> Public Health Nurses Section        | <input type="checkbox"/> Third Level Student Health Nurses Section            |
|  | <input type="checkbox"/> National Children's Nurses Section  | <input type="checkbox"/> Student Allocation Liaison Officers Networking Group |
|  | <input type="checkbox"/> Radiology Nurses Section            |   |

Second Section Option, for information purposes only is: \_\_\_\_\_