

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: _____