

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

Second Section Option, for information purposes only is: _____

Please complete the above form and return to the **INMO Membership Department**