

**TCORN
Texas Council
Of
periOperative
Registered Nurses**

**AORN CHAPTER
Membership
Application**

Expiration Date: December 31, 2010

APPLICATION FOR:
(Check one)

- New Membership (\$25.00/Year)**
 Renewal of Membership (\$25.00/Year)

CHAPTER NAME:

CHAPTER #: _____ **CHAPTER PRESIDENT:** _____

MAILING ADDRESS:

E-mail _____

HOME PHONE: _____ **WORK PHONE:** _____

DATE NEW OFFICERS TAKE OFFICE EACH YEAR _____

CHAPTER MEETING DAY/WEEK OF MONTH _____

OFFICIAL CHAPTER VOTING REPRESENTATIVE:

NAME _____ **HOME PHONE** _____

ADDRESS _____ **WORK PHONE** _____

FAX _____

NOTE: If your registered voting representative is unable to attend the meeting, send letter of authorization with alternate.

- 1) Complete registration form
- 2) Make check payable to the **Texas Council of periOperative Registered Nurses.**
- 3) Mail to

**Terri Goodman, RN, PhD
TCORN
PO Box 29133
Dallas, TX 75229**