



Alberta Operating Room Team Association - LPN

*Annual Membership Application*  
*September 1<sup>st</sup>, 2015 to August 31<sup>st</sup>, 2016*

*Types of Memberships*

What type of membership?    Renewal _____ New _____	
Are you applying for an Active Membership? (LPN's with active CLPNA registration & who are presently working in the field of perioperative Nursing)	Active Registration fee - \$20
Are you applying for an Associate Membership? (Individuals having an interest in perioperative nursing but do not hold a current CLPNA registration or are working in another area of care)	Associate Registration fee - \$15
Are you currently a student in the LPN/ORT Program?	Student fee - Free

Registration Fee \$ \_\_\_\_\_

*Applicant Information*

Name:	
Mailing Address:	
City:	Postal Code:
Home Phone #: (    )	Cell Phone #: (    )
Email address:	
LPN Registration #:	
Date of ORT Certificate:	
Are you presently working in an OR setting? Yes _____ No _____	
Location working:	
Employer:	

*Signature*

*Date*

Submit application & fee to:  
AORTA  
c/o Lindsay Azure  
13 Lowe Avenue  
Fort Saskatchewan, AB T8L2K9

\*\*\*Please make all cheques payable to AORTA\*\*\*