

JOIN OR RENEW WITH CNA

2021 EMERITUS NURSE MEMBERSHIP

Thank you for choosing a retired/emeritus nurse membership with the Canadian Nurses Association. Please complete the form below. Online registration is also available at join.cna-aicc.ca.

Confirm past nursing licensure

Please complete any two of the following:

CNA ID #: _____ Nursing school you graduated from _____
 Province/territory where you were licensed* _____ Year of graduation _____
 Licence number _____ Nurse Type: RN RPN (ON) LPN RPN (Psychiatric)

*If you currently maintain a licence to practise, you do not qualify for a retired nurse membership with CNA. All retired nurses from each of the regulated nursing categories, join CNA directly.

Member Information

First Name _____ Last Name _____
 Address Line 1 _____
 Address Line 2 _____
 City _____ Province/Territory _____
 Postal Code _____
 Telephone _____ Email _____
 Correspondence language: English French

Payment (non-refundable)

Province/Territory of residence	Full fee	Tax rate	Total	Select one
MB, SK, AB, BC, YT, NT, NU	\$63.65	5%	\$66.83	<input type="checkbox"/>
QC	\$63.65	5% & 9.975%	\$73.18	<input type="checkbox"/>
ON	\$63.65	13%	\$71.92	<input type="checkbox"/>
NS, NB, PE, NL	\$63.65	15%	\$73.20	<input type="checkbox"/>

CNA GST/HST registration No.: 106864549RT0001
 CNA QST registration No. NR00005339

If you join between October 1 and December 31, your membership fee includes the remainder of the current calendar year plus the following year.

FOR OFFICE USE ONLY

Date form completed: _____ Data entered in CRM by: _____
 Form completed by: _____ Date data entered in CRM: _____
 Payment processed by: _____

- Cheque/money order enclosed (payable to the Canadian Nurses Association)
- Charge to Visa / VISA Debit / Mastercard / Debit Mastercard (circle one)

Card Number _____
 Expiry Date (MM/ YY) _____ CVV: _____
 Cardholder's Signature _____ Name on Card _____

Please return this form with a cheque by mail: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2
or fax with credit card payment to 613-288-5205.

Tel.: 1-800-361-8404, ext. 262 (please do not leave any credit card information on our voicemail system)