

Canadian Indigenous Nurses Association (C.I.N.A.)

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● Website: www.indigenousnurses.ca

BUSINESS MEMBERSHIP APPLICATION

Contact Name:	
Organization	
Name: Address:	
Contact #:	Email:
Rusiness me	embership is valid from April 1, 2023 to March 31, 2024.
	ness membership is \$1200 per year and includes:
	stings or informational postings on the C.I.N.A. website for a one-month period each
 Individua 	al membership for 10 employees / company
Please select method of payment below.	
☐ Cheque/Money order enclosed (make cheque payable to the Canadian Indigenous Nurses Association)	
☐ Credit Card	
Name on Card:	
Card Type: ☐ Visa ☐ Mastercard	
Card number: / / / /	
Exp date: / CCV2:	
Cardholder Signature:	
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DATE #	APPROVAL # RECEIPT # PROCESSED BY