



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

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E-mail: membership@indigenousnurses.ca Website: www.indigenousnurses.ca

MEMBERSHIP

APPLICATION/RENEWAL FORM

April 1, 2020 – March 31, 2021

A STAR (*) INDICATES A REQUIRED FIELD

THIS FORM IS CONFIDENTIAL ONCE COMPLETED

MEMBERSHIP TYPE

New OR Renewal

*I, the undersigned, hereby apply for admission as a: (select one)

- Regular Member (RN, RPN, LPN, NP, RPN-Psych) Retired Member
 Supporting Member (PSW, CHR, Social Worker, etc.) Undergraduate Student or Graduate Nurse Member

PERSONAL INFORMATION

Title: Miss Ms. Mrs. Mr. Dr. Other: _____ None

*Given name		*Last name		Nickname	
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*Home address					
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*City		*Prov/Territory		*Postal Code	
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*Employer		Department	
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Employer Address			
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City		Prov/Territory		Postal Code	
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*Primary phone		Alternate phone	
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*Primary e-mail		Alternate e-mail	
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*How would you prefer CINA to contact you? Phone Email Mail at Home Mail at Work

EDUCATION

*Highest education achieved: Current undergraduate Bachelors Masters PhD Other: _____

*School and Program of highest education: _____

AREAS OF EXPERTISE

Select all that apply and indicate length of expertise (in years):

✓	AREA	Length	✓	AREA	Length	✓	AREA	Length
<input type="checkbox"/>	Acute Care		<input type="checkbox"/>	Health Promotion/Prevention		<input type="checkbox"/>	Policy & Leadership	
<input type="checkbox"/>	Addictions/Mental Wellness		<input type="checkbox"/>	Home Care		<input type="checkbox"/>	Population Health	
<input type="checkbox"/>	Child/Youth Health		<input type="checkbox"/>	Indigenous Knowledge		<input type="checkbox"/>	Public Health	
<input type="checkbox"/>	Community Health/Development		<input type="checkbox"/>	Infectious Diseases		<input type="checkbox"/>	Surgical Nursing	
<input type="checkbox"/>	Education		<input type="checkbox"/>	Long-term Care		<input type="checkbox"/>	Traditional Healing	
<input type="checkbox"/>	Environmental Health		<input type="checkbox"/>	Medical Nursing		<input type="checkbox"/>	Other: _____	

INDIGENOUS ANCESTRY (continued)

* I am: (select at least one)

of Indigenous ancestry.

an individual whose activities demonstrate distinguished or extraordinary service or interest in the field of Indigenous health.

an individual who has demonstrated an interest in the activities of CINA and in furthering the objects of CINA.

* For the purposes of demonstrating Indigenous ancestry, I am **including a copy** of the following valid supporting document(s) with this Membership Application: (select at least one)

Indian Status Card

Métis National Council Governing Membership

Inuit Beneficiary Card

Congress of Aboriginal Peoples Affiliate Membership

Northwest Territories Land Claim Settlement Beneficiaries

Confirmed Alberta Métis Settlement Members

Northwest Territory Métis Nation Membership in a historic Métis community recognized as independent and rights-bearing by a provincial, territorial, or Canadian federal government

Other: _____

None of the above. I am non-Indigenous.

MEMBERSHIP FEE

* I agree to pay the following membership fee: (select one)

Regular or Supporting: \$75

Undergraduate student: \$20 (Must provide valid student ID)

Retired: \$20

Graduate Nurse: \$20 (Must provide Graduate Nurse certificate)

PAYMENT

* I agree to pay my membership fee by: (select one)

Cheque/Money Order - **Make payable to: Canadian Indigenous Nurses Association**

Visa MasterCard Name on Card (please print): _____

Credit Card Number (or call to provide details): _____

Expiry Date ____/____/____ CVV: ____

OFFICE USE ONLY

RECEIPT #: _____

DATE: _____

APPROVAL #: _____

PROCESSED BY: _____

CERTIFICATION

I, the undersigned:

- am interested in furthering CINA's purposes;
- confirm that all information I have given herein is true and complete and may be verified;
- agree that admission as a Member of CINA is at the sole discretion of the Board of Directors of CINA, and that the Board may request additional supporting documentation of my qualifications for membership;
- acknowledge and understand that membership in CINA is on an annual basis commencing on April 1st and expiring on March 31st of the following year until renewed, and that membership fees are not pro-rated;
- consent to the participation in a meeting of CINA Members by means of a conference call or other communications equipment (e.g., Skype); and
- understand that if it is determined that any declaration made above is false, such false declaration shall constitute just cause for termination of membership.

* APPLICANT'S NAME (Please print)

* APPLICANT'S SIGNATURE

* DATE (YYYY/MM/DD)