



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

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MEMBERSHIP APPLICATION/RENEWAL FORM

PERSONAL INFORMATION

Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>	Given name	Last name	
Home mailing address			
City	Prov/Terr	Postal Code	
Employer/School		Department	
Address			
Home telephone ()	Work/School ()	ext	Cell () Fax ()
Home e-mail**		Work e-mail**	

(An e-mail address must be provided to facilitate registration to access the Members' Only Section of the C.I.N.A. website.)**

EDUCATION

RN/RPN/LPN/NP Registration No. & Province: _____ BSc (Nursing) LPN
 (RN, RPN, LPN, NP number must be included where applicable) Certificate(s) _____
 Masters (indicate program) _____ PhD (indicate program) _____

PLEASE SELECT

INCENTIVE

Member: RENEWING or NEW (for new members, see referral section to the right) **Membership Incentive- refer (5) NEW members & receive an A.N.A.C vest.**
 Referred by: _____ (please print full name)

MEMBERSHIP CATEGORIES

Regular \$75 (Please specify categories) RN RPN RPN-Psych LPN NP
Affiliate \$75 (please specify profession/level of education) _____
Nursing Student/or Elder (non-regulated) \$20 (For students, please provide a copy of valid student ID)

Declaration of self-identification- First Nations Inuit Métis Non-Indigenous **(See attachment)**

SELECT ALL AREAS OF INTEREST:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Disability | <input type="checkbox"/> Men's Health | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Child/Youth Health | <input type="checkbox"/> Health Equity | <input type="checkbox"/> Mental Wellness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Health Promotion/Prevention | <input type="checkbox"/> Mentorship | |
| <input type="checkbox"/> Community Health/Development | <input type="checkbox"/> Home Care | <input type="checkbox"/> Policy & Leadership | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Population Health | |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Indigenous Knowledge | <input type="checkbox"/> Traditional Healing | |

Method of payment

OFFICE USE ONLY

<input type="checkbox"/> Cheque/Money Order - Made payable to: Canadian Indigenous Nurses Association	RECEIPT # _____
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Name on Card (please print): _____	USERID: _____
Enter credit card # and expiry date: _____ - _____ - _____ - _____ exp. ___/___ CVV# _____	PASSWORD: _____

APPLICANT'S SIGNATURE

APPLICATION DATE:

Self-Declaration

Why Self Identify?

The Canadian Indigenous Nurses Association is committed to the recruitment and retention of Aboriginal Peoples, with the aim of achieving equity in both the work force and in educational institutions. To increase the representation of Indigenous Nurses it is important to know how many Nurses there are in Canada to ensure policies aimed at increasing accessibility and equity. For this purpose, according to our new bylaws and in order to improve the assessment of our practice environments and achievement of Indigenous nurses, you are required to self-identify if you are of First Nations, Inuit or Metis ancestry within the meaning of the Canadian Constitutional Act of 1982.

Definition of Aboriginal People:

In accordance with the Constitution Act, 1982, Part II, Section 35(2), an Aboriginal applicant is a First Nations (status or non-status), Inuit, or Métis person of Canada.

By Self-Identifying as an Indigenous Nurse CINA can help:

- Contribute to provision of high-quality learning opportunities, programs and incentives that are responsive to the needs of Indigenous Nurses.
- Contribute to strategic goals and policies set by the Canadian Indigenous Nurses Association, First Nations and Inuit Health, and the Canadian Nurses Association of Canada.
- Track the number of Indigenous Nurses in Canada.
- Promote effective, respectful working relationships and partnerships with Indigenous nurses and the Indigenous community in the delivery of nursing services.

Please check and complete the statement(s) most applicable to you.

- I declare I am a Status Indian/Treaty-Indian because of my affiliation with the _____ First Nation Community.
- I declare I am a non-status Indian because of my affiliation with the _____ Nation.
- I declare I am a Métis because I am a member of the _____ Métis Association, or o I am affiliated with the _____ Métis local / community
- I declare myself to be Inuk because I am enrolled as a beneficiary of the _____ land claim agreement or I am a member of the Labrador Inuit Association, or o I am affiliated with the _____ Inuit community
- I declare myself to be an Indigenous person because: _____

All information I have given herein is true and complete and may be verified. Name (please print):

Signature: _____ Date: _____

***Note: If it is determined that any declaration made above is false, such false declaration shall constitute just cause for termination of membership