

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

Suite 1004, 1 Nicholas Street, Ottawa, ON, K1N 7B7

Tel: (613) 724-4677 ● Toll free: (866) 724-3049 ● Fax: (613) 724-4718

Website: www.indigenousnurses.ca

PROFESSIONAL ORGANIZATION MEMBERSHIP APPLICATION

Contact Name:	
Organization	
Name: Address:	
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Contact #:	Email:
Professional	organization membership is valid from April 1, 2023 to March 31, 2024.
Cost for organizational membership is \$1,200 per year and includes:	
4 job postings or informational postings on the C.I.N.A. website for a one-month period each 4 job postings 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:	
OFFICE USE ONL	
DATE #	APPROVAL # RECEIPT # PROCESSED BY