



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

50 Driveway Ottawa ON K2P 1E2  
 Tel: (613) 724-4677 Toll free: (866) 724-3049  
 Fax: (613) 724-4718

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

**MEMBERSHIP**

**APPLICATION/RENEWAL FORM**

April 1, 2021 – March 31, 2022

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)