

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, 2021 - March 31, 2022

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*I, the unde	ersigned, hereby apply for ac	dmission a	as a:	(select o	ne)					
	Member (RN, RPN, LPN, N				[] Retired	Member	ſ			
[] Support	ing Member (PSW, CHR, S	ocial Worl	ker, e	etc.)	[] Undergr	raduate	Student or	r Gra	duate Nurse Member	
			PE	RSONAL	INFORMATI	ON				
Title: [] M	iss [] Ms. [] Mrs. [] Mr.	[] Dr. [] Oth	ner:	_ [] None					
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"How would	d you prefer CINA to contact	t you? [] Pnc	ne []E	maii [] ivia	il at Hon	ne []IVI	all at	Work	
				EDU	CATION					
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Addictions/Mental Wellness			Home Care					Population Health		
Child/\	outh Health		Indigenous Knowledge			!			Public Health	
Community Health/Development			Infectious Diseases						Surgical Nursing	
Educa	tion			Long-term	n Care				Traditional Healing	
Enviro	nmental Health			Medical N	ursing				Other:	

	CREDENTIALS	
*Complete the section that pertains to the Me	mbership Type for which you are	applying.
Regular Member		
I am a: [] Registered Nurse [] Registered Practical Nurse [] Licensed Practical Nurse	[] Nurse Practitioner [] Registered Psychiatric Nurse	who is in good standing with my Regulatory Body.
Registration No(s).& Province(s):		_
Supporting Member		
I am a:[] Personal Support Worker [] Community Health Representative	[] Social Worker [] Other:	who is in good standing with my Regulatory Body. —
Registration No(s).& Province(s):		
Retired Member		
[] I was formerly eligible for membership in or licensee of my Regulatory Body and le	•	pership qualifications and am now a former member anding.
Undergraduate Student or Graduate Nurse	<u>Member</u>	
[] I am a student who is currently registered institution.	d in a nursing program at a gener	ally recognized and accredited educational
[] I am a Graduate Nurse who is awaiting c	ompletion of Registered Nurse ce	ertification.
	INDIGENOUS ANCESTRY	,

Why Self-Identify?

The Canadian Indigenous Nurses Association (CINA) is committed to the retention and recruitment of Indigenous Peoples, with the aim of achieving equity in both the workforce and in educational institutions. To increase the representation of Indigenous Nurses it is important to known how many Nurses there are in Canada to ensure policies aimed at increasing accessibility and equity. For this purpose, according to our 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 Métis 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, Inuit, or Métis person of Canada.

By Self-Identifying as an Indigenous Nurse, you help CINA to:

- 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 CINA, and external partners/stakeholders of CINA.
- 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.

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* I am: (select <u>at least one</u>)	
[] of Indigenous ancestry.	
[] an individual whose activities demonstrate distinguished or extraordinary service or interest in	n 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 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 incompany a provincial, territorial, or Canadian federal government [] Other:	
MEMBERSHIP FEE	
* I agree to pay the following membership fee: (select one) [] Regular or Supporting: \$75	
[] Cheque/Money Order - <i>Make payable to: Canadian Indigenous Nurses Association</i> [] Visa [] MasterCard Name on Card (please print): Credit Card Number (or call to provide details):	DATE:APPROVAL #:PROCESSED BY:
[] 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): ———————————————————————————————————	DATE:APPROVAL #:PROCESSED BY:
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