



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

**MEMBERSHIP**  
 APPLICATION/RENEWAL FORM  
 April 1, 2024 – March 31, 2025

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								
<b>*Given name</b>		<b>*Last name</b>		<b>Nickname</b>				
<b>*Home address</b>								
<b>*City</b>				<b>*Prov/Territory</b>			<b>*Postal Code</b>	
<b>*Employer</b>				<b>Department</b>				
<b>Employer Address</b>								
<b>City</b>				<b>Prov/Territory</b>			<b>Postal Code</b>	
<b>*Primary phone</b>				<b>Alternate phone</b>				
<b>*Primary e-mail</b>				<b>Alternate e-mail</b>				
*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
	Acute Care			Health Promotion/Prevention			Policy & Leadership	
	Addictions/Mental Wellness			Home Care			Population Health	
	Child/Youth Health			Indigenous Knowledge			Public Health	
	Community Health/Development			Infectious Diseases			Surgical Nursing	
	Education			Long-term Care			Traditional Healing	
	Environmental Health			Medical Nursing			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**

**OFFICE USE ONLY**

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

Direct Payment through Interac e-transfer to memebership@indigenousnurses.ca

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

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 (2023/MM/DD)