



Membership Application Form

(* denotes required items)

Membership Year _____

CONTACT INFORMATION (* mailing information for either home or employment is required)			
Given Name & Initial * Surname *			
Address			
City Province / State Postal Code			
Telephone	Fax	Email	
EMPLOYMENT			
Organization Name		Department	
Job Position			
<input type="checkbox"/> Nursing Informatics	<input type="checkbox"/> Staff Nurse	<input type="checkbox"/> Nurse Manager	<input type="checkbox"/> Nurse Administration
<input type="checkbox"/> Consultant	<input type="checkbox"/> Student	<input type="checkbox"/> Faculty	<input type="checkbox"/> Clinical Specialist
<input type="checkbox"/> Research	<input type="checkbox"/> Nurse Educator	<input type="checkbox"/> Other, specify _____	
Address			
City Province / State Postal Code			
Telephone	Fax	Email	
Organization Website			
PREFERENCES			
Language ; <input type="checkbox"/> English <input type="checkbox"/> French			
Share Info with Other Members i: <input type="checkbox"/> Employment <input type="checkbox"/> Contact <input type="checkbox"/> None			
Post Information on Website ii: <input type="checkbox"/> Employment <input type="checkbox"/> Contact <input type="checkbox"/> None			
EDUCATION (please indicate highest level achieved)			
Nursing: <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Other:			
Non-Nursing: <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> PHD <input type="checkbox"/> Other:			
Are you a member of a recognized college or association of nursing in Canada?			
<input type="checkbox"/> Yes (specify) _____		<input type="checkbox"/> No	
CNIA membership: <input type="checkbox"/> New		<input type="checkbox"/> Renewal	
		Member since: _____	
MEMBERSHIP TYPE			
<input type="checkbox"/> Regular Membership <input type="checkbox"/> Associate Membership <input type="checkbox"/> Student Membership			
<input type="checkbox"/> Institutional Membership iii => Please Specify Organization:			
<input type="checkbox"/> Affiliate Membership => Please Specify NI Association:			
Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Online Payment			

If submitting this form via fax or mail, please sign the consent below. Consent for electronic submissions will be considered granted upon receipt of a valid cheque in the person's name.

Sign if you consent to release of your name and contact information

Date _____

Membership Type

CNIA offers several categories of membership to help you personalize your involvement and interaction with the association. The membership categories are:

Regular- open to any registered nurse, registered psychiatric nurse, certified graduate nurse, registered practical nurse and licensed practical nurses in good standing with their provincial or territorial professional nurses association.

Institutional- open to any organization that employs registered nurses, registered psychiatric nurses, certified graduate nurses and licensed practical nurses.

If this category selected, please indicate with which organization currently employed (this option provides for up to 5 members from the organization)

Student- open to any full-time nursing student from an approved nursing education provider

If this category selected, please indicate with which nursing school currently registered

Associate – open to any other interested party who is not eligible under any of the above categories. Non-nurses may apply for CNIA membership, and the guidelines for participation at CNIA activities are included in the CNIA Membership bylaws.

Regular Affiliated Members – open to any individual members in good standing from Existing Jurisdictional Nursing Informatics Association. Individual members may now obtain a discounted membership rate of \$26.25 annually following a written recommendation from their jurisdictional representative.

Membership Fees (includes 5% GST)

Regular/Associate	\$ 52.50
Institutional	\$157.50 (or \$31.50 / member X 5 members)
Student	\$26.25
Regular Affiliated	\$26.25

Payment

Please print and complete the application form, make cheque payable in Canadian Currency to the Canadian Nursing Informatics Association and mail to:

**Mary Eileen MacPhail,
Director Membership Services CNIA
752 Bethune Building,
1278 Tower Road,
Halifax, Nova Scotia,
B3H 2Y9**

Note the membership year runs June 1st through May 31st

Canadian Nursing Informatics Association Membership Application

Form 2009-06-01

i This would primarily used for connecting interested members with others who may have the expertise they are looking for. It does NOT include selling any personal information.

ii Currently there is discussion about having a members only area which would allow for access to approved information of the membership list.

iii Please submit institutional fees at the same time (cheque(s) in same envelope). Institutional memberships will not be processed until full fee has been received.