

BECOME A MEMBER TODAY & satisfy the mandatory PLP requirement.

App-Reg-RN-17

Registered Nurses'
Association of OntarioL'Association des
infirmières et infirmiers
autorisés de l'Ontario

RNs, NPs & Nursing Students

TOP 8 REASONS TO JOIN

- 1 CONTINUOUS LEARNING & PROFESSIONAL DEVELOPMENT**
Take advantage of career counseling, online workshops, loans, scholarships & SAVINGS! SAVE up to 40 per cent on your registration for RNAO institutes, conferences and workshops and count them towards your CNO Reflective Practice.
- 2 PROTECT YOURSELF & SATISFY THE MANDATORY PROFESSIONAL LIABILITY PROTECTION (PLP) REQUIREMENT**
RNAO membership for RNs and NPs includes RNAO's PLP insurance and Cyber Liability Protection (CPL) at no additional fee.
- 3 MORE PROTECTION – LEGAL ASSISTANCE PROGRAM (LAP)**
By adding \$64.57 to your membership, RNs and NPs can enroll in the optional benefit, LAP, and be eligible for legal assistance with employment related matters, including wrongful dismissals and complaints to the CNO.
- 4 STAY CONNECTED & INFORMED**
As an RNAO member, you receive RNAO's award-winning bimonthly publication *Registered Nurse Journal* and monthly e-newsletter *In The Loop* to keep you up-to-date about the latest issues and trends in nursing, health, and health care.
- 5 SPEAK OUT for RNs, NPs and Nursing Students**
Be a voice in shaping nursing, health and health care policies. Influence government and decision makers on issues that impact nursing and the public we serve. Get involved in proactive political, media and advocacy activities to intensify the impact of RNs, NPs and Nursing Students in Ontario.
- 6 REPRESENT ONTARIO RNs, NPs & NURSING STUDENTS**
Strengthen connections with your profession and specialty through your membership in local chapters and interest groups, where there are ample opportunities for leadership engagement and development.
- 7 MORE SAVINGS \$\$\$**
Enjoy member-only group discounts on insurance programs for home, auto, extended health, dental, long-term disability, pet insurance, and mortgage discounts, among many other saving opportunities.
- 8 RECRUITMENT REWARDS**
"Get 7" – Recruit seven new members & get your next year's membership FREE! Or, for every RN & NP you sign up as a new RNAO member, earn a \$20 RNAO gift certificate. For every nursing student, earn \$5. Use your RNAO gift certificate towards your membership fees, RNAO institutes, conferences and workshops.

RNAO

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing **registered nurses, nurse practitioners, and nursing students in Ontario.** Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public they serve.

APPLY NOW.

GENERAL INFORMATION

The **RNAO membership year** is **November 1st to October 31st**. The membership year begins November 1st; if you join after November 1st, your membership and legal protection are effective from the day RNAO receives your completed application form with payment.

The membership year ends October 31st. Your membership, legal protection and other benefits expire October 31st every year, unless you specify on the application form that you would like "automatic renewal". Select **AUTOMATIC RENEWAL** under **STEP 4** of the membership application form.

Chapters/Regions without Chapters

RNAO has 33 Chapters & Regions without Chapters. Chapter affiliation is based on where you live. However, you can choose to belong to the chapter where you work or study. See **CHAPTER AFFILIATION** under **STEP 1** of the membership application form.

ADDITIONAL SERVICES

Interest Groups

Each of RNAO's interest groups represents a unique specialty or population within the nursing spectrum. Together they illustrate the remarkable diversity of the profession. They offer a range of professional resources and support, both personal and sometimes financial, through bursaries and awards. Choose any of our 31 independent interest groups. **NOTE:** you do not have to be practising in the interest group area of expertise to join a particular group. You can join multiple groups. See **INTEREST GROUPS** under **STEP 3b** of the membership application form for a list of groups and fees.

LIABILITY PROTECTION

RNAO membership includes Professional Liability Protection (PLP) at no additional fee. Coverage is 24/7 for nursing services while on the job as well as emergency first aid outside of the workplace. The scope of coverage provided by RNAO's PLP insurance policy is for services which fall within the scope of practice of nursing for which the RN or NP may be authorized, including and not limited to any instance where there is the use of nursing knowledge, judgment and skill. Key areas of coverage include: civil litigation, criminal investigations and prosecutions, statutory offences, public inquiries, inquests and fatality inquiries and non-party proceedings. For a summary of the coverage and more information, visit RNAO.ca/join/benefits/plp

The optional **Legal Assistance Program (LAP)** supplements the above PLP protection, where members are eligible for legal coverage for employment-related matters including wrongful dismissals, subpoenas to testify as a witness and complaints to CNO. The LAP fee is \$64.57 per year.

METHOD OF PAYMENT

CHEQUE - Mail a cheque made payable to "RNAO" for the full amount of RNAO fees with your completed membership application form.

FULL CREDIT CARD PAYMENT - Mail or fax your completed membership application form with your credit card info, or join over the phone or online. Full amount of RNAO fees will be charged to your credit card. We accept all major credit cards.

MONTHLY CREDIT CARD PAYMENT - Choose monthly credit card payment when you register online, over the phone, or submit your completed form by mail or fax, and have an equal portion of your RNAO fees charged to your credit card on the 7th of each month.

PRE-AUTHORIZED PAYMENT - Mail or fax your completed membership application form with a **VOID** cheque. RNAO fees will be deducted monthly from your bank account.

PAYROLL DEDUCTION - Check with your employer to see if this option is available at your workplace. If so, see your employer's payroll department to set up service. Admin fee is \$10/year. **Payment via payroll deduction will not be available after November 15, 2017.**

MEMBERSHIP FEE CATEGORIES

REGULAR - Registered nurses or nurse practitioners employed in Ontario; excludes those that qualify for other categories below.

NEW GRADUATE - if you have graduated from an undergraduate nursing program within the past twelve months and have received a registration number (or temporary registration number) from the College of Nurses of Ontario, you are eligible for this discounted category.

CURRENTLY UNDEREMPLOYED/UNEMPLOYED - Registered nurses or nurse practitioners who are currently unemployed or underemployed, working on average less than 15 hrs/week; must provide RNAO with a written statement of unemployed status regardless of whether or not in nursing.

RETIRED - Any person who previously was a nurse or nurse practitioner and who is now retired.

ASSOCIATE & FRIENDS

OUT-OF-PROVINCE ASSOCIATE - Registered nurses or nurse practitioners in other Canadian jurisdictions who is not practising nursing in the Province of Ontario. Or, any registered nurse or nurse practitioner or equivalent in a jurisdiction outside of Canada who is not practising nursing in Canada.

UNDERGRADUATE NURSING STUDENT ASSOCIATE - any Ontario student in a program leading towards RN designation with the CNO.

FRIENDS OF RNAO - any person who wishes to support the work of RNAO, and who does not meet the criteria of 'member' or 'associate'.

GROUP MEMBER DISCOUNTS

Discounts given to members who belong to groups which have met specific membership volume targets.

ONA GROUP - Registered nurses or nurse practitioners who belong to ONA union; must provide ONA ID Number.

CUPE GROUP - Registered nurses or nurse practitioners who belong to CUPE; must provide Local Number.

WATERLOO REGION GROUP - Registered nurses or nurse practitioners who live or work in the Waterloo chapter.

TRI-HOSPITAL GROUP - Registered nurses or nurse practitioners who are employed at Credit Valley, Trillium Health Partners or William Osler.

4 GROUP - Registered nurses or nurse practitioners who are employed at Mackenzie Health, Hospital for Sick Children, Scarborough Hospital, Sunnybrook Health Sciences Center and Women's College Hospital.

INTEREST GROUP (IG) GROUP - Registered nurses or nurse practitioners who select from the 11 interest groups marked with ♦ symbol that qualify for special group volume discount. See **INTEREST GROUPS** under **STEP 3b** of the membership application form for a list of groups and fees.

TO JOIN/RENEW

online myRNAO.ca
call toll-free **1.800.268.7199**
in Toronto **416.599.1925**
fax **416.599.1926**
toll-free fax **1.888.881.9782**

STEP 2 MEMBERSHIP FEE CATEGORIES

CNO REGISTRATION NO.

| | | | | | | | |
|---|-----------------------------|-----------------------------|--|-----------------------------|--|-----------------------------|-----------------------------|
| <i>(Includes CNO's mandatory PLP requirement)</i> | Regular | New Grad | Currently Underemployed/Unemployed* | Retired | ONA Group | CUPE Group | Other Groups† |
| | \$256.36 | \$102.94 | \$87.83 | \$87.83 | \$175.00 | \$221.49 | \$221.49 |
| | RN <input type="checkbox"/> | RN <input type="checkbox"/> | RN <input type="checkbox"/> | RN <input type="checkbox"/> | RN <input type="checkbox"/> ONA or CUPE # <input type="checkbox"/> | RN <input type="checkbox"/> | RN <input type="checkbox"/> |
| | NP <input type="checkbox"/> | NP <input type="checkbox"/> | NP <input type="checkbox"/> | NP <input type="checkbox"/> | NP <input type="checkbox"/> | NP <input type="checkbox"/> | NP <input type="checkbox"/> |

OR

| | | | |
|----------------------------------|----------------------------------|--|------------------------|
| Associates & Friends | Out of Province | Undergraduate Nursing Student Associate | Friends of RNAO |
| \$92.99 <input type="checkbox"/> | \$21.60 <input type="checkbox"/> | \$92.99 <input type="checkbox"/> | |

BOX 1: MEMBERSHIP FEES \$

STEP 3 ADDITIONAL BENEFITS

(RNAO Membership required)

3a. Legal Assistance Program (LAP)

ADD \$64.57 fee to your membership

SUPPLEMENT YOUR PROTECTION with enrollment in this optional program, be eligible for legal assistance for employment related matters including wrongful dismissals, subpoenas to testify as a witness and complaints to CNO.

- YES, I want to enroll in the Legal Assistance Program (LAP).
 NO, I do not want to enroll in the Legal Assistance Program (LAP).

INITIALS _____

BOX 2: LAP FEES: \$64.57 \$

3b. Interest Groups (IG)

SELECT any of the following IG. ♦ If you selected the IG GROUP discount in STEP 2, you MUST SELECT at least 1 interest group marked with ♦ symbol to be eligible for a discount. *Undergraduate Nursing Students: For further discounts, please use online form at www.RNAO.ca/join*

- | | | | |
|---|----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Clinical Nurse Specialist Association of Ontario | \$15 <input type="checkbox"/> | <input type="checkbox"/> Ontario Correctional Nurses' Interest Group | \$30 <input type="checkbox"/> |
| ♦ <input type="checkbox"/> Community Health Nurses' Initiatives Group <small>New Grads \$25</small> | \$45 <input type="checkbox"/> | <input type="checkbox"/> Ontario Nurses for the Environment Interest Group | \$20 <input type="checkbox"/> |
| <input type="checkbox"/> Complementary Therapies Nurses' Interest Group <small>New Grads, Unemployed & Retired Members \$10</small> | \$25 <input type="checkbox"/> | <input type="checkbox"/> Ontario Nursing Informatics Group <small>New Grads, Retired & Unemployed Members \$20</small> | \$40 <input type="checkbox"/> |
| <input type="checkbox"/> Diabetes Nursing Interest Group | \$35 <input type="checkbox"/> | <input type="checkbox"/> Ontario PeriAnesthesia Nurses Association | \$50 <input type="checkbox"/> |
| ♦ <input type="checkbox"/> Gerontological Nursing Association Of Ontario <small>Retired & Associate Members \$30</small> | \$65 <input type="checkbox"/> | <input type="checkbox"/> Ontario Woundcare Interest Group | \$40 <input type="checkbox"/> |
| ♦ <input type="checkbox"/> Independent Practice Nurses Interest Group | \$35 <input type="checkbox"/> | <input type="checkbox"/> Palliative Care Nurses Interest Group | \$30 <input type="checkbox"/> |
| <input type="checkbox"/> International Nursing Interest Group <small>New Grads \$20, Retired Members \$15</small> | \$25 <input type="checkbox"/> | <input type="checkbox"/> Parish Nursing Interest Group <small>Retired Members \$10</small> | \$30 <input type="checkbox"/> |
| ♦ <input type="checkbox"/> Maternal Child Nurses' Interest Group | \$25 <input type="checkbox"/> | ♦ <input type="checkbox"/> Pediatric Nurses Interest Group | \$35 <input type="checkbox"/> |
| <input type="checkbox"/> Men in Nursing Interest Group | \$20 <input type="checkbox"/> | ♦ <input type="checkbox"/> Primary Care Nurses of Ontario <small>New Grads, Retired Members \$20</small> | \$50 <input type="checkbox"/> |
| ♦ <input type="checkbox"/> Mental Health Nursing Interest Group <small>Provincial/National (of total fee \$15 goes to MHNIG, \$20 goes to CFMHN)</small> | \$35 <input type="checkbox"/> | ♦ <input type="checkbox"/> Provincial Nurse Educators Interest Group | \$25 <input type="checkbox"/> |
| ♦ <input type="checkbox"/> Nursing Leadership Network of Ontario | \$62.15 <input type="checkbox"/> | <input type="checkbox"/> Rainbow Nursing Interest Group <small>FREE for New Grads and Retired Members</small> | \$20 <input type="checkbox"/> |
| ♦ <input type="checkbox"/> Nursing Research Interest Group | \$30 <input type="checkbox"/> | NEW <input type="checkbox"/> Retired Nurses Interest Group NEW | \$15 <input type="checkbox"/> |
| <input type="checkbox"/> Occupational Health Nursing Interest Group Ontario | \$20 <input type="checkbox"/> | <input type="checkbox"/> RN First Assistant Interest Group | \$25 <input type="checkbox"/> |
| <input type="checkbox"/> Ontario Association of Rehabilitation Nurses | \$35 <input type="checkbox"/> | <input type="checkbox"/> Staff Nurse Interest Group | \$25 <input type="checkbox"/> |
| <input type="checkbox"/> Ontario Campus Health Nursing Association <small>New Grads, Retired Members \$10</small> | \$25 <input type="checkbox"/> | <input type="checkbox"/> Telepractice Nursing Interest Group | \$30 <input type="checkbox"/> |

BOX 3: IG FEES TOTAL \$

3c. Admin Fee if paying by payroll deduction

If paying by cheque, credit card, monthly credit card or pre-authorized payment proceed to STEP 4. Otherwise SELECT Payroll Deduction below.

- PAYROLL DEDUCTION Please see your employer's payroll department for details. (\$10 admin fee)

BOX 4: Payroll/ADMIN FEE \$

TOTAL RNAO FEES

(HST included R107883282)

ADD BOX 1 TO 4 TOTAL FEES

\$

STEP 4 METHOD OF PAYMENT

(VISA Debit is now accepted)

| | | |
|---|--|--|
| <input type="checkbox"/> FULL CREDIT CARD PAYMENT | <input type="checkbox"/> MasterCard/VISA No. <input type="text"/> | EXPIRY DATE (MM/YY) <input type="text"/> |
| <input type="checkbox"/> MONTHLY CREDIT CARD PAYMENT Monthly payments will be taken on the 7th of each month. | <input type="checkbox"/> American Express No. <input type="text"/> | EXPIRY DATE (MM/YY) <input type="text"/> |
| <input type="checkbox"/> PAYROLL DEDUCTION (see STEP 3c) <small>Please note payroll deduction closes November 15, 2017</small> | <input type="checkbox"/> SIGNATURE (for credit card) <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> CHEQUE ENCLOSED <small>(\$25 admin fee will be charged for returned cheques)</small> | | TODAY'S DATE (DD/MM/YY) <input type="text"/> |
| <input type="checkbox"/> PRE-AUTHORIZED PAYMENT (PAP) Include "VOID" cheque. Please withdraw my monthly payments on: | <input type="checkbox"/> 1st day of the month | <input type="checkbox"/> 15th day of the month |
| <input type="checkbox"/> AUTOMATIC RENEWAL | <input type="checkbox"/> YES, I authorize RNAO to continuously collect for the items above on or about October 1 annual membership fee payments using the method of payment I have chosen above (credit card, PAP, or Payroll). With this authorization, my RNAO membership will continue indefinitely until I have sent a written cancellation notice. I understand that non-payment of fees will result in termination of my membership. I will advise the RNAO of new credit card expiry date, if applicable. | |
| <input type="checkbox"/> NO, I do not authorize RNAO to continuously collect membership fee payments. | <input type="checkbox"/> SIGNATURE <input type="text"/> | TODAY'S DATE (DD/MM/YY) <input type="text"/> |

* Must provide a written statement of unemployed status via email info@RNAO.ca

† Tri-hospital, Waterloo Region & Interest Group: Credit Valley, Trillium, William Osler & 4 GROUP (Mackenzie Health, Hospital for Sick Children, Scarborough Hospital, Sunnybrook & Women's Health Sciences Centre OR live or work in the Waterloo Chapter, OR you MUST SELECT at least one (1) interest group marked with a ♦ symbol to be eligible for the discount.

STEP 1 → APPLICANT INFORMATION

CNO REGISTRATION NO. _____ RN NP

I have a valid certificate of registration from the CNO

SIGNATURE _____

Ms. Miss _____
 Mrs. Mr. **FIRST NAME** _____
 Dr. _____
LAST NAME _____

APT. NO. _____ **ADDRESS** _____

CITY _____ **PROVINCE** _____ **POSTAL CODE** _____

HOME PHONE _____ **WORK PHONE** _____

EMAIL ADDRESS _____ **CELL PHONE** _____

NAME OF PRIMARY EMPLOYER

→ CHAPTER AFFILIATION
Chapter affiliation is based on your address above. If you prefer to have your chapter membership based on where you work/study instead of your mailing address, please indicate below.

MAKE MY CHAPTER AFFILIATION BASED ON:

WHERE I WORK/STUDY CITY: _____

→ STEP 1

ARE YOU A: RENEWING MEMBER NEW MEMBER *

(Please check one)

PLEASE PRINT CLEARLY

***NEW MEMBERS**
Did an RNAO member encourage you to join? Give them credit. They earn *Recruitment Rewards*.
NAME OF RECRUITER _____

WORKPLACE _____
RNAO NO. _____

→ PRIVACY POLICY

Your privacy is very important to us. We will not share your contact info with any unaffiliated third parties. Many of our members appreciate receiving info on savings & special offers from our affinity partners. If you **DO NOT** wish to receive such info, please indicate your preference to the right.

YOU CAN CALL ME

Yes, RNAO can contact me via prerecorded message on the phone numbers provided to RNAO, with messages about offers, my membership status, events & issues. RNAO occasionally uses prerecorded phone messages for important and time-sensitive communication with members.

MEMBERSHIP YEAR

Our membership year is from November 1st to October 31st. All memberships will expire October 31, 2018.

CANCELLATION POLICY

Membership expires October 31, 2018. Cancellations prior to this date will be subject to a \$30 cancellation fee. As RNAO membership is on a yearly basis, all membership privileges are cancelled and ineffective as of November 1, 2017. Non-payment of fees will result in termination of membership.

DO NOT SEND ME INFO ON:

- Pet Insurance
- Mortgage Discounts
- Extended Health, Dental, Life, Accident & Long-Term Disability Insurance
- BMO RNAO MasterCard
- Home & Auto Insurance
- Other RNAO approved affinity programs

EMPLOYMENT INFORMATION

To help RNAO to better know and serve its members, please complete the voluntary questionnaire. The info is used for statistical purposes only.

| | | | |
|--|--|---|---|
| <p>1. DOMAIN OF PRACTICE</p> <p><input type="radio"/> Staff Nurse <input type="radio"/> Nurse Practitioner <input type="radio"/> Clinical Nurse Specialist/APN <input type="radio"/> Administration <input type="radio"/> Research <input type="radio"/> Education <input type="radio"/> Consultant <input type="radio"/> Other</p> <p>2. DATE OF BIRTH</p> <p>□□ □□ □□ DATE OF BIRTH (DD/MM/YY)</p> | <p>3. EMPLOYMENT STATUS</p> <p><input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Casual</p> <p>Is this status your preferred choice? <input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Retired <input type="radio"/> Unemployed</p> | <p>4. EMPLOYER TYPE</p> <p><input type="radio"/> Public Health <input type="radio"/> Primary Care (CHC/FHT/Physician's Office) <input type="radio"/> Hospital Care <input type="radio"/> Home-health Care <input type="radio"/> Long-term Care <input type="radio"/> Nursing Registry/Agency <input type="radio"/> University <input type="radio"/> Community College <input type="radio"/> Government <input type="radio"/> Self-Employed <input type="radio"/> Other</p> | <p>5. UNION AFFILIATION</p> <p><input type="radio"/> ONA <input type="radio"/> CUPE <input type="radio"/> OPSEU <input type="radio"/> Other <input type="radio"/> None</p> <p>6. NURSING EDUCATION Highest level completed:</p> <p><input type="radio"/> Diploma <input type="radio"/> Baccalaureate <input type="radio"/> Masters <input type="radio"/> Doctorate <input type="radio"/> Special Certificate <input type="radio"/> Other: _____</p> |
|--|--|---|---|

→ - TURN OVER -