

## STEP 2 MEMBERSHIP FEE CATEGORIES

CNO REGISTRATION NO.

	Regular	New Grad	Currently Unemployed*	Retired	ONA Group	CUPE Group	Other Groups†
(Includes CNO's mandatory PLP requirement)	<del>\$256.36</del>	<del>\$102.94</del>	<del>\$87.83</del>	<del>\$87.83</del>	<del>\$175.00</del>	<del>\$221.49</del>	<del>\$221.49</del>
	<b>\$56.50</b>	<b>FREE</b>	<b>\$56.50</b>	<b>\$56.50</b>	<b>\$56.50</b>	<b>\$56.50</b>	<b>\$56.50</b>
	RN <input type="checkbox"/>	RN <input type="checkbox"/>	RN <input type="checkbox"/>		ONA or CUPE # <input type="text"/>	RN <input type="checkbox"/>	RN <input type="checkbox"/>
	NP <input type="checkbox"/>	(Quantities Limited)	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
	<b>\$56.50</b> <input type="checkbox"/>	<b>\$21.60</b> <input type="checkbox"/>	<b>\$56.50</b> <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. For more information, visit [RNAO.ca/LAP](http://RNAO.ca/LAP)

☐ 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](http://www.RNAO.ca/join)*

new Black Nurses Leading Change (working title)	\$25 <input type="checkbox"/>	Ontario Association of Rehabilitation Nurses	\$35 <input type="checkbox"/>
Clinical Nurse Specialist Association of Ontario	\$15 <input type="checkbox"/>	Nurse Practitioner Interest Group	\$25 <input type="checkbox"/>
♦ Community Health Nurses' Initiatives Group	\$45 <input type="checkbox"/>	Ontario Campus Health Nursing Association	\$25 <input type="checkbox"/>
Complementary Therapies Nurses' Interest Group	\$25 <input type="checkbox"/>	Ontario Correctional Nurses' Interest Group	\$30 <input type="checkbox"/>
Diabetes Nursing Interest Group	\$30 <input type="checkbox"/>	Ontario Nurses for the Environment Interest Group	free <input type="checkbox"/>
Faith Community Nursing Interest Group	\$30 <input type="checkbox"/>	Ontario Nursing Informatics Group	\$40 <input type="checkbox"/>
♦ Gerontological Nursing Association Of Ontario	\$65 <input type="checkbox"/>	Ontario PeriAnesthesia Nurses Association	\$65 <input type="checkbox"/>
new Indigenous Nurses and Allies Interest Group	\$20 <input type="checkbox"/>	Ontario Woundcare Interest Group	\$40 <input type="checkbox"/>
♦ Independent Practice Nurses Interest Group	\$35 <input type="checkbox"/>	Palliative Care Nurses Interest Group	\$30 <input type="checkbox"/>
International Nursing Interest Group	\$25 <input type="checkbox"/>	♦ Pediatric Nurses Interest Group	\$35 <input type="checkbox"/>
Maternal Child Nurses' Interest Group	\$25 <input type="checkbox"/>	♦ Primary Care Nurses of Ontario	\$50 <input type="checkbox"/>
♦ Men in Nursing Interest Group	\$20 <input type="checkbox"/>	♦ Provincial Nurse Educators Interest Group	\$25 <input type="checkbox"/>
♦ Mental Health Nursing Interest Group	\$35 <input type="checkbox"/>	Rainbow Nursing Interest Group	\$20 <input type="checkbox"/>
Provincial and National		RN First Assistant Interest Group	\$25 <input type="checkbox"/>
♦ Nursing Leadership Network of Ontario	\$62.15 <input type="checkbox"/>	Retired Nurses Interest Group	\$15 <input type="checkbox"/>
♦ Nursing Research Interest Group	\$30 <input type="checkbox"/>	Staff Nurse Interest Group	\$25 <input type="checkbox"/>
Occupational Health Nursing Interest Group Ontario	\$20 <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)

☐ FULL CREDIT CARD PAYMENT

☐ MONTHLY CREDIT CARD PAYMENT  
Monthly payments will be taken on the 7th of each month.

☐ CHEQUE ENCLOSED  
(\$25 admin fee will be charged for returned cheques)

☐ PRE-AUTHORIZED PAYMENT (PAP) Include "VOID" cheque. Please withdraw my monthly payments on: ☐ 1st day of the month ☐ 15th day of the month

☐ AUTOMATIC RENEWAL

☐ YES, I authorize RNAO to continuously collect, using the payment information provided and stored, for the items above on or about October 1 for annual membership fee payments according to the method of payment I have chosen above (credit card or PAP). With this authorization, my RNAO membership will continue indefinitely until I have sent a written cancellation notice or notified by RNAO of any changes to the agreement in writing. I understand that non-payment of fees will result in termination of my membership. For credit card payments, I agree to allow RNAO to store the last four digits of my credit card. I will advise RNAO of new credit card expiry date.

SIGNATURE

TODAY'S DATE (DD/MM/YY)

\* Must provide a written statement of unemployed status via email [info@RNAO.ca](mailto: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 1b → APPLICANT INFORMATION

CNO REGISTRATION #

☐ RN  
☐ NP

☐ I have a valid certificate of registration from the CNO

SIGNATURE

FIRST NAME

LAST NAME

APT. NO.

ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME PHONE

CELL PHONE

EMAIL ADDRESS

NAME OF PRIMARY EMPLOYER

## → STEP 1a

ARE YOU A:

(Please check one)

☐ RENEWING MEMBER

☐ NEW MEMBER \*

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

NAME OF RECRUITER

RNAO NO.

PLEASE  
PRINT  
CLEARLY

## QUESTIONNAIRE

To help RNAO to better know and serve its members, please complete the voluntary questionnaire. The info is used for statistical purposes only. Employment questions relate to your primary employment position. Please see RNAO's privacy policy at [RNAO.ca](https://rnao.ca/privacy)

### 1. DATE OF BIRTH (DD/MM/YY)

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### 2. DOMAIN OF PRACTICE

- ☐ Staff Nurse
- ☐ Nurse Practitioner
- ☐ Clinical Nurse Specialist/APN
- ☐ Administration
- ☐ Research
- ☐ Education
- ☐ Policy
- ☐ Other: \_\_\_\_\_

### 3. UNION AFFILIATION

- ☐ ONA
- ☐ CUPE
- ☐ Other
- ☐ None

### 4. EMPLOYMENT STATUS

- ☐ Full-time
- ☐ Part-time
- ☐ Casual

Is this status your preferred choice?

- ☐ Yes
- ☐ No

### 5. EMPLOYER TYPE

- ☐ Primary Care (CHC/FHT/Physician's Office)
- ☐ Public Health
- ☐ Hospital Care
- ☐ Home-health Care
- ☐ Long-term Care
- ☐ University
- ☐ Community College
- ☐ Government
- ☐ Self-Employed
- ☐ Other: \_\_\_\_\_

### 6. NURSING EDUCATION

Highest level completed:

- ☐ Diploma
- ☐ Baccalaureate
- ☐ Masters
- ☐ Doctorate
- ☐ Other: \_\_\_\_\_

### 7. CERTIFICATE IN NURSING SPECIALTY?

- ☐ Yes
- ☐ No

PLEASE DETACH & RETURN THIS FORM:

**JOIN TODAY. RENEW NOW.**

MAIL 500-4211 YONGE STREET, TORONTO, ON M2P 2A9

FAX (both sides) 416.599.1926  
Toll-Free Fax: 1.888.881.9782

GO ONLINE [join.rnao.ca](https://join.rnao.ca)

SIGN UP BY PHONE In Toronto: 416.599.1925  
Toll-Free: 1.800.268.7199