**STEP 2 MEMBERSHIP FEE CATEGORIES**

(Includes CNO’s mandatory PLP requirement)

<table>
<thead>
<tr>
<th>Category</th>
<th>Regular</th>
<th>New Grad</th>
<th>Currently Unemployed*</th>
<th>Retired</th>
<th>ONA Group</th>
<th>CUPE Group</th>
<th>Other Groups†</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>$256.36</td>
<td>$162.54</td>
<td>$87.83</td>
<td>$87.83</td>
<td>$175.00</td>
<td>$221.49</td>
<td>$221.49</td>
</tr>
<tr>
<td>NP</td>
<td>$256.36</td>
<td>$162.54</td>
<td>$87.83</td>
<td>$87.83</td>
<td>$175.00</td>
<td>$221.49</td>
<td>$221.49</td>
</tr>
</tbody>
</table>

**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

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

1. **Clinical Nurse Specialist Association of Ontario**
   - $15 ◆

2. **Community Health Nurses’ Initiatives Group**
   - $45 ◆

3. **Complementary Therapies Nurses’ Interest Group**
   - $25 ◆

4. **Diabetes Nursing Interest Group**
   - $30 ◆

5. **Faith Community Interest Group**
   - $30 ◆

6. **Gerontological Nursing Association Of Ontario**
   - $65 ◆

7. **Independent Practice Nurses Interest Group**
   - $35 ◆

8. **International Nursing Interest Group**
   - $25 ◆

9. **Maternal Child Nurses’ Interest Group**
   - $25 ◆

10. **Men in Nursing Interest Group**
    - $20 ◆

11. **Mental Health Nursing Interest Group**
    - Provincial and National
    - $35 ◆

12. **Nursing Leadership Network of Ontario**
    - $62.15 ◆

13. **Nursing Research Interest Group**
    - $30 ◆

14. **Occupational Health Nursing Interest Group Ontario**
    - $20 ◆

15. **Ontario Association of Rehabilitation Nurses**
    - $35 ◆

**Total 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)

**TOTAL RNAO FEES**

(Add BOX 1 to 4)

**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**

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

† Tri-hospital, Waterloo Region & Interest Group: Credit Valley, Trillium, William Oder & 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 ◆ symbol to be eligible for the discount.
# 2019 - 2020 MEMBERSHIP APPLICATION FORM for RNs, NPs & Nursing Students

## STEP 1 - APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>CNO REGISTRATION NO.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a valid certificate of registration from the CNO</td>
<td>SIGNATURE</td>
</tr>
</tbody>
</table>

- **Ms.**
- **Miss**
- **Mrs.**
- **Mr.**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APT. NO.</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>PROVINCE</th>
<th>POSTAL CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>CELL PHONE</th>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>MAKE MY CHAPTER AFFILIATION BASED ON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHERE I WORK/STUDY</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**MEMBERSHIP YEAR**

Our membership year is from November 1<sup>st</sup> to October 31<sup>st</sup>. All memberships will expire October 31, 2020.

**CANCELLATION POLICY**

Membership year is from Nov. 1<sup>st</sup> to Oct. 31<sup>st</sup>. As of March 1<sup>st</sup> refunds for membership cancellations will not be provided and current RNAO members will be unable to switch membership fee categories until renewal for November. Cancellations prior to March 1<sup>st</sup> will be subject to a $30 cancellation fee. Non-payment of fees will result in membership termination.

### 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.

### QUESTIONNAIRE

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

**1. DOMAIN OF PRACTICE**

- Staff Nurse
- Nurse Practitioner
- Clinical Nurse Specialist/APN
- Administration
- Research
- Education
- Policy
- Other

**2. DATE OF BIRTH**

- [ ] [ ] [ ]

**DATE OF BIRTH (DD/MM/YY)**

**3. EMPLOYMENT STATUS**

- Full-time
- Part-time
- Casual

**4. UNION AFFILIATION**

- ONA
- CUPE
- OPSEU
- Other

**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

**- TURN OVER -**

**- PLEASE DETACH & RETURN THIS FORM:**

- MAIL 158 PEARL STREET, TORONTO, ON M5H 1L3
- FAX (both sides) 416.599.1926
- SIGN UP BY PHONE In Toronto: 416.599.1925

**JOIN TODAY. RENEW NOW.**

- Toll-Free Fax: 1.888.881.9782
- Toll-Free: 1.800.268.7199