

STEP 2 MEMBERSHIP FEE CATEGORIES

CNO REGISTRATION NO.

<i>(Includes CNO's mandatory PLP requirement)</i>	Regular \$256.36 \$100	New Grad \$102.94 FREE	Currently Unemployed** \$87.83	Retired \$87.83	ONA Group \$175.00 \$100	CUPE Group \$221.49 \$100	Other Groups† \$221.49 \$100
	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> <i>(Quantities Limited)</i>	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>	RN <input type="checkbox"/> NP <input type="checkbox"/>
Associates & Friends	Out of Province \$92.99 <input type="checkbox"/>	Undergraduate Nursing Student Associate \$21.60 <input type="checkbox"/>	Friends of RNAO \$92.99 <input type="checkbox"/>				
							BOX 1: MEMBERSHIP FEES \$ <input type="text"/>

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"/> Nurse Practitioner Interest Group	\$25 <input type="checkbox"/>
♦ <input type="checkbox"/> Community Health Nurses' Initiatives Group	\$45 <input type="checkbox"/>	<input type="checkbox"/> Ontario Campus Health Nursing Association	\$25 <input type="checkbox"/>
<input type="checkbox"/> Complementary Therapies Nurses' Interest Group	\$25 <input type="checkbox"/>	<input type="checkbox"/> Ontario Correctional Nurses' Interest Group	\$30 <input type="checkbox"/>
<input type="checkbox"/> Diabetes Nursing Interest Group	\$30 <input type="checkbox"/>	<input type="checkbox"/> Ontario Nurses for the Environment Interest Group	\$20 <input type="checkbox"/>
<input type="checkbox"/> Faith Community Nursing Interest Group	\$30 <input type="checkbox"/>	<input type="checkbox"/> Ontario Nursing Informatics Group	\$40 <input type="checkbox"/>
♦ <input type="checkbox"/> Gerontological Nursing Association Of Ontario	\$65 <input type="checkbox"/>	<input type="checkbox"/> Ontario PeriAnesthesia Nurses Association	\$65 <input type="checkbox"/>
♦ <input type="checkbox"/> Independent Practice Nurses Interest Group	\$35 <input type="checkbox"/>	<input type="checkbox"/> Ontario Woundcare Interest Group	\$40 <input type="checkbox"/>
<input type="checkbox"/> International Nursing Interest Group	\$25 <input type="checkbox"/>	<input type="checkbox"/> Palliative Care Nurses Interest Group	\$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	\$50 <input type="checkbox"/>
♦ <input type="checkbox"/> Mental Health Nursing Interest Group <small>Provincial and National</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	\$20 <input type="checkbox"/>
♦ <input type="checkbox"/> Nursing Research Interest Group	\$30 <input type="checkbox"/>	<input type="checkbox"/> RN First Assistant Interest Group	\$25 <input type="checkbox"/>
<input type="checkbox"/> Occupational Health Nursing Interest Group Ontario	\$20 <input type="checkbox"/>	<input type="checkbox"/> Retired Nurses Interest Group	\$15 <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"/>

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.

MasterCard/VISA No.

EXPIRY DATE (MM/YY)

CVD # (located on back of card)

American Express No.

EXPIRY DATE (MM/YY)

CVD # (located on back of card)

SIGNATURE _____

TODAY'S DATE (DD/MM/YY)

* 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 1b ⇨ APPLICANT INFORMATION

⇨ 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

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

PRIVACY POLICY

Your privacy is very important to us. We will not share your contact info with any unaffiliated third parties. Please see RNAO's privacy policy at RNAO.ca

CANCELLATION POLICY

Membership year is from Nov. 1st to Oct. 31st. As of March 1st 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 1st will be subject to a \$30 cancellation fee. Non-payment of fees will result in membership termination.

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.

Thank you.

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
- Is this status your preferred choice?
- Yes
 - No

4. UNION AFFILIATION

- ONA
- CUPE
- OPSEU
- Other
- None

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:

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 myRNAO.ca/join

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