



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

BECOME A MEMBER TODAY & satisfy the mandatory PLP requirement.



RNs, NPs & Nursing Students

TOP 8 REASONS TO JOIN

- 1 CONTINUOUS LEARNING & PROFESSIONAL DEVELOPMENT**
Take advantage of career counseling, online workshops, scholarships & SAVINGS! SAVE up to 40% 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 (CLP) at no additional fee.
- 3 MORE PROTECTION – LEGAL ASSISTANCE PROGRAM (LAP)**
For an additional \$64.57 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 digital 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, and pet insurance, among many other saving opportunities.
- 8 RECRUITMENT REWARDS**
"Get 5" – Recruit five 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, promote excellence in nursing practice, and power nurses to actively influence and shape decisions that affect the profession 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.

ADDITIONAL SERVICES

Interest Groups

Each of RNAO's interest groups represent 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](https://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

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 10, 2020.**

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

MEMBERSHIP FEE CATEGORIES

REGULAR - RNs or NPs employed in Ontario; excludes those that qualify for other categories below.

NEW GRADUATE - If you have graduated from an undergraduate nursing program or NP program within the past twelve (12) months, leading to your eligibility to write the NCLEX-RN exam, or NP exam, respectively, you are eligible for this discounted category.

CURRENTLY UNDEREMPLOYED/UNEMPLOYED - RNs or NPs who are currently unemployed or underemployed, (i.e., working on average less than 15 hrs/week) Must provide RNAO with a written statement of employment status regardless of whether or not in nursing.

RETIRED - Any person who previously was an RN or NP and who is now retired.

ASSOCIATE & FRIENDS

OUT-OF-PROVINCE ASSOCIATE - RNs or NPs in other Canadian jurisdictions who are not practising nursing in the Province of Ontario. Or, any RN or NP 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 - RNs or NPs who belong to ONA union; must provide ONA ID Number.

CUPE GROUP - RNs or NPs who belong to CUPE; must provide Local Number.

OTHER GROUPS - RNs or NPs who are employed at Credit Valley, Trillium Health Partners, MacKenzie Health, William Osler, Hospital for Sick Children, Scarborough Hospital, Sunnybrook Health Sciences Center and Women's College Hospital or live/work in the Waterloo Chapter.

INTEREST GROUP (IG) GROUP - RNs or NPs who select from the 10 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/join](https://myrnao.ca/join)
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"/> 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	\$40 <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.

➔ 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

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

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