



Member of



New Member

Renewal

Changes

PLEASE PRINT

Joint-Membership Application/ Renewal

Contact Information

Name: _____ Date: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (H): _____ Area Code _____ Number _____ Fax (H): _____ Area Code _____ Number _____

Email: _____
Email address for sending newsletters and announcements

Employer: _____

Telephone (W): _____ Area Code _____ Number _____ Fax (W) _____ Area Code _____ Number _____

Regular Member:	RN <input type="checkbox"/>	RPN <input type="checkbox"/>	LPN <input type="checkbox"/>	LGN <input type="checkbox"/>	Student: RN <input type="checkbox"/> LPN <input type="checkbox"/>		
	(Registered Nurse)	(Registered Psych Nurse)	(Licensed Practical Nurse)	(Licensed Graduate Nurse)	RPN <input type="checkbox"/>		

Work area:	Acute Care <input type="checkbox"/>	Residential <input type="checkbox"/>	Community <input type="checkbox"/>	Palliative Hospice <input type="checkbox"/>	Educational Institution <input type="checkbox"/>	Private Practice <input type="checkbox"/>	Other <input type="checkbox"/>
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Affiliate Member:	Retiree <input type="checkbox"/>	Dietitian <input type="checkbox"/>	Physio/OT <input type="checkbox"/>	Rec. Therapist <input type="checkbox"/>	Health worker <input type="checkbox"/>	Other: <input type="checkbox"/>
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Gerontological Nurse Certification GNC(C) No Yes Year _____

CRNBC Reg. #: _____ CRPNBC Reg. #: _____
CLPNBC Reg. #: _____

Which local chapter do you belong to:

Central Okanagan <input type="checkbox"/>	Central & North Vancouver Island <input type="checkbox"/>	Victoria <input type="checkbox"/>
Fraser Valley <input type="checkbox"/>	Simon Fraser <input type="checkbox"/>	Vancouver <input type="checkbox"/>
Kamloops <input type="checkbox"/>	Prince George <input type="checkbox"/>	Mountainview <input type="checkbox"/>

Membership Year: _____ Annual Fees: Regular member: RN \$65.00 RPN \$45.00 LPN \$45.00
June 1 to May 31 Affiliate member /student (RN, RPN, LPN) \$32.50

Payment Information:

Cheque should be made payable to: CGNA (in CAD funds drawn on Can. Bank)

Credit Card: Visa MasterCard American Express

Card #: _____ Expiry Date: _____

Name on Credit Card: _____

Signature: _____

GNABC respects your personal privacy. We strive to protect any personal information you give us (address, name, email etc.) Your personal information is collected for the sole use of GNABC. Your personal information is not lent or sold to anyone for any purposes.

Please submit this Individual Membership Application Form along with payment to:
CGNA Head Office 375 West 5th Ave, Suite 201 Vancouver, BC V5Y 1J6 Canada Fax: 604-874-4378