



“Promote excellence & advocacy for Family Practice Nursing in Nova Scotia”

MEMBERSHIP APPLICATION for FPNANS and CFPNA		
APPLICANT INFORMATION (PLEASE PRINT CLEARLY)		
Name:		
Current mailing address:		
City:	Province:	Postal Code:
E-mail Address:		
Telephone HOME: () WORK: () Ext:		
Employer:		
Job Title:		
Professional Designation: LPN__ RN__ NP __Other:		
Level of Education: Diploma__ Bachelor __ Masters __Other:		
MEMBERSHIP FEE \$60.00 PER YEAR (this fee covers both the Family Practice Nursing Association of Nova Scotia and the Canadian Family Practice Nursing Association)		
<p>Membership fees for all applicants cover March 31 to April 1 of each year. All fees must be paid by March 31 each year to maintain membership for the following year. Membership applications will be accepted at any time but will not be prorated and membership will still expire by April 1, 2012.</p> <p>\$40.00 for FPNANS membership \$20.00 for CFPNA membership</p> <p>Make cheque payable to: “Family Practice Nurses Association of Nova Scotia” Please send one cheque for \$60.00 and completed form to FPNANS Membership Secretary: Corinne Hodder Malloy RN MS Room 235, Bethune Bldg 1276 South Park Street Halifax, Nova Scotia, Canada B3H 2Y9</p>		
PRIVACY INFORMATION		
Your information will not be shared and will only be used to distribute information that originates from the FPNANS & CFPNA.		
CORRESPONDENCE		
Would you be interested in participating in FPNANS committees? Yes __ No __		
Websites: (http://www.fpnans.ca/), (http://www.cfpna.ca/)		
April 2011		