



cfpna | acimf

Canadian Family Practice Nurses Association
Association canadienne des infirmières en médecine familiale

Membership Application

? **New Application** ? **Renewal** **Membership#** _____

First Name: _____

Last Name: _____

Preferred Contact Information: (may be work or home)

Email: _____

Phone Number: _____

Mailing Address: _____

Nursing Position Title: _____

Name of Work Site: _____

? RN ? Practical Nurse ? Nurse Practitioner ? Nursing Student

? Full Time ? Part-Time ? Casual ? Retired

? Female ? Male

Years of employment in family practice/primary health care: _____ years

How did you learn about the CFPNA? _____

Are you a member of the Canadian Nurses' Association (CNA)? ? Yes ? No

Members of the CNA may choose to join the CFPNA listserv:

? I would like to join the CFPNA listserv. The membership secretary will send you a listserv application form once we receive your completed membership application and fee.

? I do not want to join the CFPNA listserv at this time, but I give the CFPNA permission to release my contact information for the purpose of receiving information about relevant educational/research/committee opportunities.

? I am not a member of the CNA, but I give the CFPNA permission to release my contact information for the purpose of receiving information about relevant educational/research/committee opportunities.

Signature: _____ **Date:** ____/____/____
mm /dd /year

Membership Fee: \$20.00 per year

Cheque made out to: *Canadian Family Practice Nurses Association*

Please submit cheque and completed application form to CFPNA Treasurer:

**Annie Dickson, RN, BScN
62 Topley Crescent,
Ottawa, ON
K1G 4M7**

CFPNA Executive Use Only

? Fee Received ? Welcome notice sent ? Listserv application sent ? Fwd to membership