

# Membership application



Membership year: May 1 – April 30

Membership year: \_\_\_\_\_

Membership #: \_\_\_\_\_

Please check appropriate boxes:

Membership type:  Renewal  New Member C.N.A. Certified Neuroscience Nurse?: Yes  No   
 General  Associate CNN(C) Certification number: \_\_\_\_\_  
Correspondence requested in:  English  French CNA member: Yes  No

Name: \_\_\_\_\_  
(please print) (surname) (first)

Home address: \_\_\_\_\_  
(apartment #) (street)  
\_\_\_\_\_  
(city) (province) (postal code)

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_  
(unit, clinic, etc.) (street address)  
\_\_\_\_\_  
(city) (province) (postal code)

Current position: \_\_\_\_\_

Phone: (home) (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (work) (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (extension) \_\_\_\_  
(fax) (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (e-mail) \_\_\_\_\_

## Background information

Total years in nursing: \_\_\_\_\_ neurosciences: \_\_\_\_\_ Prov. Reg. #: \_\_\_\_\_

Education (Please check highest level achieved):  Diploma  Baccalaureate  Masters  Doctorate

Area of practice:  Clinical Practice  Education  Research  Administration  Student

Patient population (please check):  Adult  Pediatrics  Both  None

Special interests in the neurosciences: \_\_\_\_\_

Expertise (include previous positions, skills, etc.): \_\_\_\_\_

## Regions or chapters (check the appropriate box)

British Columbia  Alberta  Saskatchewan  Manitoba  Ontario (southwest)  
 Ontario (east)  Ontario (Toronto)  Québec  New Brunswick  Nova Scotia  
 Prince Edward Island  Newfoundland

Please enclose a cheque payable to CANN for the appropriate membership fee:

General Membership Fee: \$75.00 OR Associate Membership Fee: \$65.00

Fee applicable to membership type: \$ \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

A general member is a registered nurse who is licensed to practise in Canada and is working in or affiliated with neurological and/or neurosurgical nursing. An associate member shall be another individual practising in a related discipline in the field of neurosciences, or having an interest in the field of neurosciences.

**Please mail your membership application and applicable fee to:**

**Aline Mayer, Membership Chairperson, 30 Chantilly Gate, Stittsville, Ontario K2S 2B1**

For Office Use Only:  Data Entry  Treasurer  Printer  Card/Letter  Councillor  Package

I do not wish to be included in the CANN Membership Directory.

The membership directory will include only your work address and phone number.