



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

LPN/RPN

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

I give CFPNA permission to use my contact information for the purpose of receiving communication from CFPNA, as well as 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/renewal letter, membership card and pin mailed (new members only)

Receipt mailed

Listserv Application sent

Forward application to membership secretary