



Operating Room Nurses Association of Canada
&
Operating Room Nurses of Alberta Association

Membership Application
July 1, 20__ to June 30, 20__

Membership Fee: \$50.00

Membership Fee After September 30: \$75.00

PERSONAL

Last Name			First Name		
Address					
City		Province		Postal Code	
Home Telephone Number			Email Address		

EMPLOYMENT

Membership Category: Active Honourary

Employer/Hospital _____

Position: _____ Full Time Part Time Honourary

Currently Seeking Employment Retired

Current Area of Practice:

Staff Nurse Education Clinical Resource Management Research
RNFA PN(A) Other: (specify) _____

CPN (C) Yes No

Certification Number _____

Provincial Association Number _____

EDUCATION (Check all that apply)

Diploma Post-Graduate OR Course Baccalaureate Master's PhD
Currently Enrolled in Education Program? Yes No

FOR SIGNING OFFICER'S USE

Date Received _____ Cheque Cash Amount _____ Receipt No. _____

District/Region _____ Previous Member _____

Membership Number _____

For privacy information access: ORNAC website www.ornac.ca