



# *Gerontological Nursing Association of Ontario* CHAPTER CHANGE REQUEST FORM

Your chapter affiliation is determined by established boundaries. Please refer to the chapter map located on the membership page for details of the regions within each chapter. You can also contact us for further chapter information at [info@gnaontario.org](mailto:info@gnaontario.org).

If you would like to change your affiliation to another chapter please complete the information below and mail to:

**Gerontological Nursing Association,  
P.O. Box 368, Postal Station "K",  
Toronto, ON M4P 2G7**

If you prefer, the information required below can be emailed to: [info@gnaontario.org](mailto:info@gnaontario.org). We will notify you when your transfer is complete. We will also inform your previous and new chapter membership chairs.

Name: \_\_\_\_\_

College of Nurses Number: \_\_\_\_\_

Current Chapter: \_\_\_\_\_

Requested Chapter: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Thank You!***