



Gerontological Nursing Association of Ontario

MEMBERSHIP APPLICATION FORM

(please print and fill in completely)

Please accept this application for membership: New Member Renewal
 in the Gerontological Nursing Association of Ontario Chapter: _____
 (please specify from list below)

College of Nurses # _____ I am a member of: RNAO* RPNAO* CGNA

Name: _____

Mailing Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Tel.: (Res.) _____ (Work) _____

Email: _____ Fax: _____

* Membership can be connected through the RNAO or RPNAO

Yearly Membership Fee:	Type of Facility:	Position:	Chapter:
1. Regular\$55 <input type="checkbox"/>	(primary function only)	01 Staff <input type="checkbox"/>	12 Bluewater <input type="checkbox"/>
2. Associate\$20 <input type="checkbox"/>	01 Acute Care Hospital <input type="checkbox"/>	02 Front Line Mgr..... <input type="checkbox"/>	07 Durham <input type="checkbox"/>
3. Student	02 Complex Continuing	03 Senior Mgr..... <input type="checkbox"/>	02 Hamilton <input type="checkbox"/>
Associate** \$20 <input type="checkbox"/>	Care..... <input type="checkbox"/>	04 CNS/NP..... <input type="checkbox"/>	04 Kingston <input type="checkbox"/>
4. Retired\$20 <input type="checkbox"/>	03 Mental Health Care <input type="checkbox"/>	05 Educator..... <input type="checkbox"/>	10 Lambton <input type="checkbox"/>
	04 Long Term Care <input type="checkbox"/>	06 Consultant..... <input type="checkbox"/>	03 London <input type="checkbox"/>
Professional Class:	05 Public Health Unit .. <input type="checkbox"/>	99 Other <input type="checkbox"/>	11 Niagara <input type="checkbox"/>
1. RN <input type="checkbox"/>	06 Retirement Home... <input type="checkbox"/>		14 Nipissing..... <input type="checkbox"/>
2. RPN <input type="checkbox"/>	07 Community Care <input type="checkbox"/>		15 Northwest..... <input type="checkbox"/>
3. PSW or HCA <input type="checkbox"/>	08 Education Facility .. <input type="checkbox"/>		05 Ottawa <input type="checkbox"/>
4. Other <input type="checkbox"/>	99 Other <input type="checkbox"/>		01 Toronto..... <input type="checkbox"/>

** Payment of the GNA membership fee is waived for students who are also student associate members with the RNAO or RPNAO (membership information must still be completed in full and submitted either directly to the GNA or through RNAO/RPNAO).

Agency/Employer: _____

Signature: _____ Date: _____

Please enclose a cheque payable to “GNA” and mail together with this application to:
 Gerontological Nursing Association, P.O. Box 368, Postal Station “K”, Toronto, ON M4P 2G7

Thank You! We look forward to having you as a member.