



**Canadian Association for Rural and Remote Nursing
Membership Application
2010**

(Check one)

Regular Member \$40.00

- A member with full voting and membership privileges, which includes eligibility to stand for executive office, is a registered nurse who:
Is registered with a provincial/territorial nursing association/college that is a member of the Canadian Nursing Association,
Is employed as a Registered Nurse in a rural/remote nursing role and has a commitment to or concern for rural/remote nursing

Associate Member \$20.00

- A member who does not hold voting privileges and cannot stand for executive office is a registered nurse or other individual who:
Is not registered with a provincial/territorial nursing association/college that is a member of the Canadian Nursing Association;
Is employed in a nursing role in a rural/remote setting or has an interest in rural and remote health care

Student Member \$20.00

- A member who does not hold voting privileges and cannot stand for the executive office is a person who:
Is a full or part-time student in a nursing or closely related health science program where the focus is predominantly nursing, and graduation from the program would entitle the student to full or associate membership upon graduation

Retired Member \$20.00

- A member who does not hold voting privileges and cannot stand for executive office, is a registered nurse who:
Is not registered with a provincial/territorial association/college that is a member of the Canadian Nursing Association;
Retired from a nursing role in a rural/remote setting

COMPLETE THIS MEMBERSHIP FORM AND SEND IT AND YOUR CHEQUE payable to the Canadian Association for Rural and Remote Nursing TO

**Pam Little
Membership Coordinator – Canadian Association for Rural and Remote
Nursing (CARRN)**

**PO Box 302
McCreary, MB
R0J 1B0**

Please note it may take three to six weeks to process your membership.



Membership Information (January 1 – December 31, 2010)

Circle Type of Membership Requested: (see back of form for definitions)

Regular \$40

Associate \$20

Student \$20

Retired \$20

Surname _____ First Name _____

Home Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Business phone _____

Fax _____ **E-mail** _____

Employer _____ Position _____

Province (s) or Territories where you are registered: _____

Registration number (s): _____ (required by CNA)

Please note: if your email address changes it is important that you notify the CARRN Membership Coordinator because email will be the preferred method for information exchange and newsletter circulation.

Is your email a reliable connection? Yes No

If your email is unreliable please identify an alternative method for receiving information & newsletters: Fax mail

How did you hear about CARRN?

Your name will be entered into the CARRN membership database unless you initial this form _____

How would you like to be involved in the organization? (I.e. newsletters submissions, annual meeting planning, membership drives) [Please indicate below your area of interest.](#)

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