



**Canadian Association for Rural and Remote Nursing  
Membership Application  
2012**

**(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**

**Lorelei Rogers  
Membership Coordinator – Canadian Association for Rural and Remote  
Nursing (CARRN)**

**760-1100 4<sup>th</sup> Ave  
Valemount BC  
V0E 2Z0**

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



## Membership Information (January 1 – December 31, 2012)

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?

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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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