



Canadian Orthopaedic Nurses Association

Association Canadienne des Infirmières
et Infirmiers en Orthopédie

Membership Form

Date: _____

*** Membership valid from June 1 to May 31 ***

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone # : _____

Email Address: _____

Chapter: _____ Member at Large _____

Membership Category New Renewal # _____

Full - \$125.00 /year -- RN / NP / LPN / RNA

2yr Full - \$225.00 / for 2-year -- RN / NP / LPN / RNA

Associate – \$75.00 /year –ie. OT /PT / Dietary / Pharmacy / HCA

Student - \$50.00 /year (students working towards initial licensure)

Retired - \$35.00 /year

Membership Dues payable to CONA by online, cheque or money order

Professional Status

RN NP LPN Other (please specify) _____

CNA Orthopaedic Certification Yes No

CNA Member Yes No

Practice Area

Adult Ortho / Surgical

Pediatric Ortho

OR

Clinic

Ortho Rehab

Other _____

Employment Status

Full Time

Part Time

Casual

Not Employed

Retired

Position

Staff Nurse

Unit Manager / Supervisor

Educator

Nursing Administrator

Other

Apply online at: <http://www.cona-nurse.org>

OR can send to : Guillaîne Anderson 7714 – 80 Ave, Edmonton, Alberta T6C 0S4

Thank You for becoming a CONA member. Please check our website frequently.

Date application received: _____

Date Processed: _____

Payment info: _____

Processed by: _____