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 - $100.00 /year -- RN / NP / LPN / RNA

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

☐ 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 (All provinces EXCEPT Ontario & Quebec are automatically CNA members)

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:  Brogan Miner  57 Rochester St. Fredericton NB E3B 4T2

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

Date application received: _____________  Date Processed: _____________

Payment info: _____________  Processed by: _____________