



# 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: 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: \_\_\_\_\_