

**OFFICE USE ONLY**

- ☐ Entered in iMIS
- ☐ Confirmation email sent
- ☐ Added to Moneris Transaction List

i MIS ID: _____

Associate Member

*For new applicants or renewing members***Bolded consents are required*

Personal Information

First Name_____
Middle Initial_____
Last name

You do not need to complete the following fields if you are currently a member and none of the information has changed.

Email Address_____
Home/Mailing Address_____
City_____
Province_____
Postal Code_____
Country

Home/Mobile/Work Phone Number: _____
(Please circle the phone number type)

_____/_____/_____
Birth Date (MM/DD/YYYY)

Professional Information

Professional Designation_____
Job Title

- ☐ ***I certify that the information provided is true. I understand that it is my responsibility to notify the Association of a change of name or address and that email will be the primary method of communication.**

Consents

- ☐ *I have read and agree with the terms of the [Privacy Policy](#) regarding the collection, use, disclosure and destruction of my personal information.

Membership Fee

I would like to purchase membership for:

2023 membership		
ARNM	\$	89.99
GST	\$	4.50
TOTAL:	\$	94.49

*Membership expires
Dec 31, 2023*

Signature

Date

Application Submission

Once complete, please submit your application to info@arnm.ca and then call our office at 204-992-1520 with payment.

Payment Options

Payment by Visa, Mastercard, Visa Debit, Mastercard Debit can be made over the phone or [click here](#) for information about paying by eTransfer.