

**OFFICE USE ONLY**

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iMIS ID: \_\_\_\_\_

## Member type change form

*\*Bolded consents are required*

**My member type is currently:**

- ☐ Student      ☐ Grad Nurse/Registered Nurse      ☐ Nurse Practitioner
- ☐ Licensed Practical Nurse      ☐ Registered Psychiatric Nurse      ☐ Non-Practising

**I need to change my member type to:**

- ☐ Grad nurse/Registered Nurse      ☐ Nurse Practitioner      ☐ Non-Practising
- ☐ Licensed Practical Nurse      ☐ Registered Psychiatric Nurse

**Personal Information**\_\_\_\_\_  
College Registration/ID Number\_\_\_\_\_  
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\_\_\_\_\_  
= e/Mailing Address\_\_\_\_\_  
City\_\_\_\_\_  
Province\_\_\_\_\_  
Postal Code\_\_\_\_\_  
Country\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Birth Date (MM/DD/YYYY)

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

## Professional Information

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Years of Practice

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Primary Role

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Practice Area

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Region

- ☐ **\*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.**

## Specialty Groups

The Association encourages members to consider exploring membership in one of the specialty groups. These organizations are closely linked with their national organizations and provide nurses an opportunity to enhance their specialized nursing knowledge and skills, while building valuable connections with professional colleagues.

Please indicate below the nursing specialty groups you are interested in receiving more information from. By checking the box, you give us permission to share your name and email with the group.

- |   |  |
|---|--|
| <input type="checkbox"/> Canadian Association of Critical Care Nurses (CACCN) MB Chapter  | <input type="checkbox"/> Indigenous Nurses Association of MB Inc.                    |
| <input type="checkbox"/> Canadian Association of Nurses in Oncology (CANO) MB Chapter     | <input type="checkbox"/> Infection Prevention and Control Canada (IPAC) MB Chapter   |
| <input type="checkbox"/> Canadian Association of Pediatric Nurses (CAPN)                  | <input type="checkbox"/> Manitoba Association of Foot Care Nurses                    |
| <input type="checkbox"/> Canadian Council of Cardiovascular Nurses (CCCN) MB Chapter      | <input type="checkbox"/> Manitoba Association of Perianesthesia Nurses               |
| <input type="checkbox"/> Canadian Orthopaedic Nurses Association (CONA) MB Chapter        | <input type="checkbox"/> Manitoba Gerontological Nursing Association (MGNA)          |
| <input type="checkbox"/> Canadian Vascular Access Association (CVAA) Winnipeg, MB Chapter | <input type="checkbox"/> Manitoba Occupational Health Nurses Interest Group (MOHNIG) |
| <input type="checkbox"/> Clinical Nurse Specialists of MB (CNS-MB)                        | <input type="checkbox"/> Manitoba Operating Room Nurses Association (MORNA)          |
| <input type="checkbox"/> Community Health Nurses of Manitoba                              | <input type="checkbox"/> Manitoba Renal Program                                      |
| <input type="checkbox"/> Emergency Department Nurses Association of Manitoba (EDNA)       | <input type="checkbox"/> Nurse Practitioner Association of Manitoba (NPAM)           |
| <input type="checkbox"/> Harm Reduction Nurses Association (HRNA) MB Chapter              |  |

## Professional Development Interests

Please indicate your top three professional development interests to help guide us in our planning.

Area of Interest One

Area of Interest Two

Area of Interest Three

### Consents

[Click here to access the full explanation for each of the required consents.](#)

I have read and agree to the terms of the following consents:

\* Bolded consents are required

- |   |   |
|---|---|
| <input type="checkbox"/> Privacy Policy regarding the collection, use, disclosure and destruction of my personal information<br><br><input type="checkbox"/> Membership information shared with the College of Registered Nurses of Manitoba <i>(Required for GN/RN and NP memberships)</i> | <input type="checkbox"/> Eligibility for assistance provisions of the Canadian Nurses Protective Society (CNPS) Bylaws <i>(Required for GN/RN and NP memberships)</i><br><br><input type="checkbox"/> Include me on the CNPS email list to receive relevant practice information <i>(optional for GN/RN and NP memberships)</i> |
|---|---|

### Membership Fees

*Student to Practising GN/RN:*

2023 membership	
ARNM	\$ 89.99
<b>CNPS</b>	<b>\$ 68.00</b>
GST	\$ 7.90
Less 2023 ARNM Student membership fee incl. GST paid	\$ (28.35)
<b>TOTAL DUE:</b>	<b>\$ 137.54</b>
Membership expires Dec 31, 2023	

*Student to Practising LPN or RPN:*

2023 membership	
ARNM	\$ 89.99
GST	\$ 4.50
Less 2023 ARNM Student membership fee incl. GST paid	\$ (28.35)
<b>TOTAL DUE:</b>	<b>\$ 66.14</b>
Membership expires Dec 31, 2023	

*Practising GN/RN to Nurse Practitioner:*

2023 membership	
<b>Change of CNPS (from GN/RN to NP)</b>	<b>\$ 91.50</b>
GST	\$ 4.58
<b>TOTAL DUE:</b>	<b>\$ 96.08</b>
Membership expires Dec 31, 2023	

*Non-Practising to Practising GN/RN:*

2023 membership	
<b>CNPS</b>	<b>\$ 68.00</b>
GST	\$ 3.40
<b>TOTAL DUE:</b>	<b>\$ 71.40</b>
Membership expires Dec 31, 2023	

\*For other membership type conversions, please contact ARNM staff for the fee calculation specific to your situation.

\*Please note that Signature and Payment Options are listed on the next page.

### Pre-Authorized Payment Plan for 2024 fees

The Association offers a Pre-Authorized Payment Plan that sets up recurring payments on your credit card to prepay your 2024 fees in 12 low payments. The first payment will be on November 1, 2022. By the time next year's renewal rolls around, yours will be complete. [For more information, click here.](#)

☐ Sign me up! I would like to register for the Pre-Authorized Payment Plan

Monthly amount:  
(amount includes GST  
and withdrawal fee)

☐ GN/RN \$14.82

☐ Nurse practitioner \$22.83

☐ LPN, RPN, or Non-Practising \$8.87

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Application Submission

Once complete, please submit your application to [info@arnm.ca](mailto: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.](#)