

Non-Practisir	ng Mem	bersl	hip
For new applicants or renewing men	mbers		*Bolded consents are required
		-	with the applicable college or an equivalent da and my registration was not cancelled or
Personal Information			
Registration/ID Number			
First Name	Mid	ddle Initial	Last name
You do not need to complete information has changed. Email Address	the following fiel	ds if you ar	re currently a member and none of the
Home/Mailing Address			
City	Province		Postal Code
Country			
Home/Mobile/Work Phone N	lumber:		
Please circle the phone number type)		
Birth Date (MM/DD/YYYY)			

Years of Practice			Primary Role
Practice Area			Region
the <i>i</i>	-	ion of a char	tion provided is true. I understand that it is my responsibility to notify nge of name or address and that email will be the primary method of
Consent	S		
		_	ith the terms of the <u>Privacy Policy</u> regarding the collection,
			truction of my personal information.
∕lembers	ship Fee	9	
would like	to purc	hase memb	ership for:
2023 r	nemb	ership	
RNM	\$	89.99	_
ST	\$	4.50	_
OTAL:	\$	94.49	
Memb	ership e	expires	
De	c 31, 20	023	
Dra_Δι itha	orizad Pa	wment Plan	for 2024 fees
		•	uthorized Payment Plan that sets up recurring payments on your
			24 fees in 12 low payments. The first payment will be on November 1,
			renewal rolls around, your 2024 membership will be completely paid.
For more	nformat	ion, click he	<u>re</u> .
□ Cian n	ne up! I	would like to	o register for the Pre-Authorized Payment Plan
□ Sign i			

Application Submission

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

Date

Payment Options

Signature

Payment by Visa, Mastercard, Visa Debit, Mastercard Debit can be made over the phone or <u>click here for information about paying by eTransfer</u>.