

OFFICE USE ONLY
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i MIS ID:

Practising Mo	embership: LPI	V
For new applicants or renewing men	mbers	*Bolded consents are required
	ered or applying to register as a p on is not currently cancelled	practising nurse with the applicable
Personal Information		
Registration/ID Number		
First Name	Middle Initial Las	st name
You do not need to complete information has changed.	the following fields if you are cu	rrently a member and none of the
Email Address		
Home/Mailing Address		
City	Province	Postal Code
Country		
Home/Mobile/Work Phone N (Please circle the phone number typ		
/		
Birth Date (MM/DD/YYYY)		

Professional Information

Years of Practice		Primary Role		
	Timaly note			
Practice Area	Regi	on		
*I certify that the information provided is true the Association of a change of name or addre- communication.				
Specialty Groups The Association encourages members to consider groups. These organizations are closely linked with opportunity to enhance their specialized nursing k connections with professional colleagues.	h theii knowle	r national organizations and provide nurses an edge and skills, while building valuable		
Please indicate below the nursing specialty groups from. By checking the box, you give us permission				
Canadian Association of Critical Care Nurses (CACCN) MB Chapter		Indigenous Nurses Association of MB Inc.		
Canadian Association of Nurses in Oncology (CANO) MB Chapter		Infection Prevention and Control Canada (IPAC) MB Chapter		
Canadian Association of Pediatric Nurses		Manitoba Association of Foot Care Nurses		
(CAPN)		Manitoba Association of Perianesthesia Nurses		
Canadian Council of Cardiovascular Nurses (CCCN) MB Chapter		Manitoba Gerontological Nursing Association (MGNA)		
Canadian Orthopaedic Nurses Association (CONA) MB Chapter		Manitoba Occupational Health Nurses Interest Group (MOHNIG)		
Canadian Vascular Access Association (CVAA) Winnipeg, MB Chapter		Manitoba Operating Room Nurses Association (MORNA)		
Clinical Nurse Specialists of MB (CNS-MB)		Manitoba Renal Program		
Community Health Nurses of Manitoba	П	Nurse Practitioner Association of Manitoba		
☐ Emergency Department Nurses Association of Manitoba (EDNA)		(NPAM)		
 ☐ Harm Reduction Nurses Association (HRNA) MB Chapter 				

Profession	al Devel	opment Ir	nterests		
Please indica	te your t	op three pro	ofessional development inte	erests to help guide us in our planning.	
Area of Interest	One		Area of Interest Two	Area of Interest Three	
		_	the terms of the <u>Privacy Pol</u> on of my personal informati	licy regarding the collection, ion.	
Membersh	ip Fee				
I would like t	o purcha	se members	ship for:		
2023 n	nembe	ership			
ARNM	\$	89.99			
CST	Ċ	450			

Membership expires

TOTAL:

\$

Dec 31, 2023

Pre-Authorized Payment Plan for 2024 fees

94.49

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, your 2024 membership will be completely paid up. For more information, click here.

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

Monthly Amount: \$8.87 (amounts include GST & withdrawal fee)

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 <u>click here</u> <u>for information about paying by eTransfer</u>.