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## Practising Membership: NP

*For new applicants or renewing members*

*\*Bolted consents are required*

- ☐ **\*I certify that I am registered or applying to register as a practising nurse with the College of Registered Nurses of Manitoba and my registration is not currently cancelled**

### Personal Information

\_\_\_\_\_  
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

\_\_\_\_\_  
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

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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 Manitoba 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 <u>Perianesthesia</u> 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 Manitoba (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)                         |                                                                                      |

## 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 | <input type="checkbox"/> Eligibility for assistance provisions of the Canadian Nurses Protective Society (CNPS) Bylaws |
| <input type="checkbox"/> Membership information shared with the College of Registered Nurses of Manitoba                     | <input type="checkbox"/> Include me on the CNPS email list to receive relevant practice information                    |

## Membership Fee

Includes professional liability protection (CNPS)

### 2023 membership

ARNM	\$	89.99
CNPS	\$	159.50
GST	\$	12.47
<b>TOTAL:</b>	<b>\$</b>	<b>261.96</b>

*Membership expires*

*Dec 31, 2023*

## 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, your 2024 membership will be completely paid for. [For more information, click here.](#)

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

Monthly Amount: \$22.83 (amounts include GST & withdrawal fee)

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.