



INTERNAL USE ONLY

- ☐ Entered in iMIS
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iMIS ID: \_\_\_\_\_

## Pre-authorized Payment Plan

Authorization of the Account Holder for the Association to charge a credit card account

### Personal Information

I am a:

- ☐ GN/RN      ☐ NP      ☐ RPN      ☐ LPN      ☐ Non-Practising

\_\_\_\_\_  
Registration/ID #

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

### 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 (for GN/RN and NP members) |
| <input type="checkbox"/> Membership information shared with the College of Registered Nurses of Manitoba (for GN/RN and NP members) | <input type="checkbox"/> Include me on the CNPS email list to receive relevant practice information   |

## Terms and Conditions

[Click here to access the full explanation of the terms and conditions for the Pre-Authorized Payment Plan.](#)

☐ I have read and agree to the terms and conditions.

## Monthly Amount

(Includes \$1.00 withdrawal fee)

<input type="checkbox"/> RN/GN	<input type="checkbox"/> NP	<input type="checkbox"/> LPN
\$14.82	\$22.83	\$8.87
<input type="checkbox"/> RPN	<input type="checkbox"/> Non-Practising	
\$8.87	\$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 options for the Pre-Authorized Payment Plan include Visa, Mastercard, Visa Debit, Mastercard Debit.