

NURSING STUDENTS:

BECOME A MEMBER TODAY.

App-NS-Reg09



Registered Nurses'
Association of Ontario

L'Association des
infirmières et infirmiers
autorisés de l'Ontario

GETTING MORE OUT OF YOUR PROFESSIONAL ASSOCIATION.

RNAO

The Registered Nurses' Association of Ontario is the professional association representing registered nurses wherever they practise in Ontario. Since 1925, RNAO has lobbied for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

CONTACT US

158 Pearl Street
Toronto, ON M5H 1L3
Phone: 416.599.1925
Toll Free: 1.800.268.7199
Fax: 416.599.1926
Toll-free Fax: 1.888.881.9782
www.RNAO.org

TOP 7 REASONS TO JOIN

1

PROFESSIONAL DEVELOPMENT

Access career counseling resources such as job-search techniques, resume writing, and interviewing skills. Participate in RNAO placements. Take advantage of online workshops and financial assistance through RNAO's "Permanent Education Fund". Get your FREE copy of the Education Guide, RNAO's annual guide to bursaries, scholarships, and grants for nursing students (\$21.05 for non-members).

2

BE CONNECTED

Strengthen connections with your profession and specializations through your membership in local chapters and interest groups. Meet with nurses and nursing leaders to help guide decisions in your clinical area of specialization. Get involved and make the most of your networking opportunities.

3

COMPLEMENT YOUR EDUCATION

In support of our future nurses and helping improve their practice, student members receive a FREE copy of RNAO's *Clinical Best Practice Guidelines (BPG) CD* on patient care (\$15 value). RNAO's leadership in analyzing, clarifying, and speaking to various health and nursing issues complements your education in the classroom and at the bedside.

4

STAY INFORMED

To help keep you current with nursing and health-care issues, receive a free subscription to the award winning *Registered Nurse Journal*, and monthly "In the Loop" e-newsletters.

5

SPEAK OUT

Be a voice in shaping nursing and health-care policies. Influence government and decision makers on issues that impact RNs and health-care services. Get involved in proactive political, media and lobbying activities to raise the profile of RNs in Ontario.

6

MORE SAVINGS \$\$\$

Save up to 40 per cent OFF RNAO workshops and conferences. Enjoy member-only discounts on auto and home insurance.

7

RECRUITMENT REWARDS

Get your friends & colleagues to join. For every new nursing student, earn a \$5 RNAO Gift Certificate. Use your RNAO Gift Certificate towards your membership fees, RNAO conferences & workshops.

APPLY NOW. ↘

PLEASE COMPLETE & RETURN THIS FORM:

JOIN TODAY. RENEW NOW.

➔ MAIL 158 PEARL STREET, TORONTO, ON M5H 1L3

➔ FAX 416.599.1926 or
Toll-free Fax: 1.888.881.9782

➔ GO ONLINE WWW.RNAO.ORG

➔ SIGN UP BY PHONE In Toronto: 416.599.1925
Toll Free: 1.800.268.7199

UNDERGRADUATE NURSING STUDENT MEMBERSHIP APPLICATION FORM

STEP 1

TO JOIN, EITHER FILL OUT THIS FORM OR SIGN UP ONLINE AT WWW.RNAO.ORG.

ARE YOU A:
(Please check one)

RENEWING MEMBER

NEW MEMBER *

*NEW MEMBERS! Did a RNAO member encourage you to join? Give them credit. They earn *Recruitment Rewards*.

RNAO NO. _____

NAME OF RECRUITER _____

RNAO NO. _____

APPLICANT INFORMATION

Ms. Miss Mrs. Mr.

FIRST NAME _____

() _____
HOME PHONE

() _____
CELL PHONE

INITIAL(S) _____

LAST NAME _____

E-MAIL ADDRESS _____

APT. NO. _____

ADDRESS _____

NAME SCHOOL PRESENTLY ATTENDING _____

EXPECTED GRAD DATE (MM/YY) _____

CITY _____

PROVINCE _____

POSTAL CODE _____

CHAPTER AFFILIATION

Chapter affiliation is based on your address above. If you prefer to have your chapter membership based on where you work/study instead of your mailing address, please indicate below.

MAKE MY CHAPTER AFFILIATION BASED ON:

WHERE I WORK/STUDY CITY: _____

PRIVACY POLICY

Your privacy is very important to us. RNAO only provides contact info to your RNAO Chapter/Region executives, Interest Groups you choose, and Student Liaisons. We will not share your contact info with any unaffiliated third parties. Many of our members appreciate receiving info on savings & special offers from our affinity partners. If you DO NOT wish to receive such info, please indicate below.

DO NOT SEND ME INFO ON RNAO APPROVED AFFINITY PROGRAMS.

REMINDER MESSAGES

Yes, RNAO can contact me via prerecorded message to the phone numbers provided on this application, with messages about offers, my membership status, events & issues. RNAO occasionally uses prerecorded phone messages for important and time-sensitive communication with members.

MEMBERSHIP YEAR

Our membership year is from November 1 to October 31. All memberships will expire October 31, 2010.

STEP 2 BASIC NURSING STUDENT ASSOCIATE MEMBERSHIP

Includes Nursing Students of Ontario (NSO) Membership

Undergraduate Nursing Student (UNS) Associate



BOX 1:

MEMBERSHIP CATEGORY FEES

\$ 20

STEP 3 ADDITIONAL SERVICES

(RNAO MEMBERSHIP REQUIRED)

3A. INTEREST GROUPS

SELECT any of the following interest groups (IG). Undergraduate Nursing Students (UNS) fees shown have been discounted, where applicable.

<input type="checkbox"/> Clinical Nurse Specialist Interest Group Provincial/National	\$40	<input type="checkbox"/> Nurse Practitioners' Association of Ontario	\$195	<input type="checkbox"/> Provincial Nurse Educators Interest Group	\$20
<input type="checkbox"/> Community Health Nurses' Initiatives Group Provincial/National. UNS - first year free.	\$5	<input type="checkbox"/> Nursing Leadership Network of Ontario	free	<input type="checkbox"/> Rainbow Nursing Interest Group UNS - first year free.	\$10
<input type="checkbox"/> Complementary Therapies Nurses' Interest Group	free	<input checked="" type="checkbox"/> Nursing Research Interest Group	free	<input type="checkbox"/> Registered Nurse First Assistant Interest Group e-mail required	\$5
<input type="checkbox"/> Diabetes Nursing Interest Group Provincial/National UNS - first year free.	\$5	<input type="checkbox"/> Nursing Students of Ontario	free	<input type="checkbox"/> Staff Nurse Interest Group	\$12.50
<input type="checkbox"/> Gerontological Nursing Association	free	<input type="checkbox"/> Occupational Health Nurses Interest Group	free	<input type="checkbox"/> Tamil Nurses Association of Ontario	\$15
<input type="checkbox"/> Independent Practice Nurses	\$15	<input type="checkbox"/> Ontario Association of Rehabilitation Nurses	\$17.50	<input type="checkbox"/> Telepractice Nursing Interest Group	\$15
<input type="checkbox"/> International Nursing Interest Group	\$12.50	<input type="checkbox"/> Ontario Correctional Nurses' Interest Group	\$15		
<input type="checkbox"/> Maternal Child Nurses' Group UNS - first year free.	\$5	<input type="checkbox"/> Ontario Family Practice Nurses	\$15		
<input type="checkbox"/> Men in Nursing Interest Group UNS - first year free.	\$10	<input type="checkbox"/> Ontario Nursing Informatics Group	\$25		
<input type="checkbox"/> Mental Health Nursing Interest Group Provincial/National	\$17.50	<input type="checkbox"/> Ontario Perianesthesia Nurses Association	\$20		
		<input type="checkbox"/> Ontario Wound Care Interest Group	\$20		
		<input type="checkbox"/> Parish Nursing Interest Group	\$10		
		<input type="checkbox"/> Pediatric Nurses Interest Group Provincial/National	\$17.50		

BOX 2:

INTEREST GROUP FEES

\$

STEP 4 TOTAL RNAO FEES

(GST included R107883282)

ADD BOX 1 & 2
TOTAL FEES

\$

STEP 5 METHOD OF PAYMENT

CHEQUE ENCLOSED
(\$25 admin fee will be charged
for returned cheques)

MasterCard/VISA No.

EXPIRY DATE (MM/YY) ____

American Express No.

EXPIRY DATE (MM/YY) ____

SIGNATURE
(for credit card)

TODAY'S DATE (DD/MM/YY)