



Registered Practical Nurses Association of Ontario
5025 Orbitor Drive, Bldg 4, Suite 200, Mississauga, ON L4W 4Y5

2010 - 2011 Membership Application Form

Visit our website: www.rpnao.org
E-mail: membership@rpnao.org
Tel. 905-602-4664 ext. 221 or 222 Fax 905-602-4666
Toll Free Tel. 1-877-602-4664 ext. 221 or 222

MEMBER'S INFORMATION:

NAME: _____ LAST NAME: _____
ADDRESS: _____ Apt/Unit # _____
CITY: _____ PROV: _____ P/CODE: _____
GENDER: FEMALE MALE DATE OF BIRTH: MM/DD/YY _____
Month/Day/Year
TELEPHONE: (_____) _____ FAX #: (_____) _____
E-MAIL: _____ GRADUATION DATE: _____/_____/_____
Month/year

COLLEGE OF NURSES
REGISTRATION NUMBER:
CNO Reg. _____
(For RPNs: if you do not submit your CNO REG. #
we won't be able to process your application)
IF YOU WERE A MEMBER BEFORE,
RPNAO No. _____
IF YOU WERE A **STUDENT** MEMBER BEFORE,
RPNAO No. _____

EMPLOYER'S INFORMATION:

EMPLOYER'S NAME: _____ CITY: _____ PHONE: _____
EMPLOYER'S NAME: _____ CITY: _____ PHONE: _____
Union Affiliation : (1) CUPE (2) SIEU (3) OPSEU (4) CLAC (5) PNFO 6) CAW (7) OTHER _____
Working Code: (1) FULL TIME (2) PART TIME (3) CASUAL EMP. CLASIFICATION: (1) RPN (2) UCP/PSW (3) OTHER

MEMBERSHIP CATEGORIES: (PLEASE CIRCLE YOUR PAYMENT AMOUNT-SEE REVERSE FOR EXPLANATION)

JULY 2010 TO JUNE 2011	RPNAO FEE	HST	TOTAL
Full Year - Regular Membership	\$226.89	\$29.50	\$256.39
Half Year - Regular Membership	\$120.31	\$15.65	\$135.96
Reg. Membership PAP (Full Year - 12 monthly pymts of \$19.91)	\$238.89	\$31.06	\$269.94
Reg. Membership PAP (Half Year - 6 monthly pymts of \$21.05)	\$126.33	\$16.42	\$142.75
Senior Membership	\$113.45	\$14.75	\$128.20
Non - Practising Membership (needs letter of explanation)	\$113.45	\$14.75	\$128.20
New Graduate Membership	\$113.45	\$14.75	\$128.20
Associate Membership - Class 1	\$171.88	\$22.34	\$194.22
Associate Membership - Class 2	\$126.12	\$16.40	\$142.52
Associate Membership - Class 3	\$83.24	\$10.82	\$94.06
Corporate Membership	\$573.25	\$74.52	\$647.77
** Full Year Regular Membership + ORSIG	\$279.35	\$36.32	\$315.67
** Half Year Regular Membership + ORSIG	\$150.30	\$19.54	\$169.84
** Full Year Regular Membership + IBSIG	\$279.35	\$36.32	\$315.67
** Half Year Regular Membership + IBSIG	\$150.30	\$19.54	\$169.84
** Full Year Regular Membership + GNSIG {GNA(O)}	\$289.39	\$37.62	\$327.01

**SIG Members Applicants: If you join Reg Membership + SIG and want to take advantage of the Pre-Authorized Payment Plan; you must send a separate cheque for the OR or IB Sig \$59.30, for the GN Sig \$70.63, or for half year OR or IB SIG \$33.88.

CANCELLATION POLICY: Full Year Membership expires June/30/2011 and Half Year Membership expires Dec/31/2010 or June/30/2011. Cancellations prior to this date will be subject to a \$35 cancellation fee. Non payment of fee will result in termination of membership.

PRIVACY POLICY: Your privacy is very important to RPNAO. RPNAO collects personal information for the purposes of verifying membership eligibility and type. We will not share your contact information with any unaffiliated third parties. However, many of our members appreciate receiving information on savings and special offers from our affinity partners. Therefore, we may occasionally send members information on our affinity partner's special offers/savings.

If you DO NOT wish to receive such information please mark here

MEMBER'S SIGNATURE _____ DATE _____

For office use only:

Date Received	Sum Enclosed	Deposit No.

PAYMENT METHOD:

Cheque / Money Order Visa
 Pre-authorized Payment Plan (PAP) Master Card
 Internet Banking (renewals only) Online Payment

Card No: _____

Exp. Date: _____ Signature: _____

Please note: NSF items are subject to a \$25 administrative charge.

PREAUTHORIZED PAYMENT PLAN

I/We hereby authorize the named bank/financial institution to debit my/our account each month for all payments to the RPNAO in payment of my annual membership fee which will be collected monthly. The treatment of each payment will be the same as if I/We had personally issued a cheque. This authorization may be cancelled at any time upon written notice by me/us. I/We ensure that funds are available on the 1st of each month to cover the amount of withdrawal.

- YEARLY:** This authorization will expire June 30, 2011.
 CONTINUOUSLY: This authorization will continue indefinitely until cancelled by me/us in writing at the end of each membership year.

Signature: _____ Date: _____

Signature: _____ Date: _____

Note: Additional \$1 monthly PAP Admin fee is included with your Pre-Authorized payment plan. Cancellations prior to the expiry date are subject to a \$35 cancellations fee. For joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

FOR PRE-AUTHORIZED PAYMENT PLAN ENCLOSE A COPY OF YOUR CHEQUE MARKED "VOID"

Cancellations prior to the expiry date are subject to a \$35 cancellation fee.

Also, I Wish to donate:

Amount \$ _____ to the Education Trust Fund

Amount \$ _____ for RPNAO Public Relations

(see over)

IMPORTANT INFORMATION FOR MEMBERS:

PLEASE BE ADVISED THAT, ALL PROFESSIONAL LIABILITY / MALPRACTICE INSURANCE POLICIES EXCLUDE CLAIMS IF THE INSURED (YOU, THE NURSE) HAD PRIOR KNOWLEDGE OF THE CLAIM, BEFORE THE INCEPTION DATE OF THE COVERAGE (THE DATE YOUR NEW MEMBERSHIP STARTED). EXCEPTIONS ARE SOMETIMES MADE IF THE INSURED ADVISES THE INSURANCE COMPANY OF THE SITUATION AND IT CAN BE EVALUATED BY THE UNDERWRITER.

MEMBERSHIP CATEGORIES:

REGULAR MEMBERSHIP provides you with

- malpractice and legal defense insurance coverage as stipulated by RPNAO policy
- nominating and voting privileges
- membership card
- each issue of "The RPN Journal"
- membership in your National Organization CPNA

FULL YEAR - PRE-AUTHORIZED PAYMENT PLAN (PAP) MEMBERSHIP

provides you with same benefits as regular membership

FULL YEAR PAP: [\$19.91 MONTHLY x 12] + HST \$31.06 to be charged with first monthly payment. Please ensure funds are available on the first day of each month starting July 1st each year.

Please note: If you join before July 1st, the first payment will be \$19.91 plus the total HST amount (\$31.06); if you join after July 1st, the first payment will be \$39.82 plus the total HST amount on Aug. 1st; if you join after Aug 1st, the first payment will be \$59.73 plus the total HST amount on Sep. 1st; and so on... then \$19.91 monthly.

HALF-YEAR MEMBERSHIP Jul/Dec. and/or Jan/June: provides you with same benefits as regular membership for the half year.

HALF YEAR PAP: [\$21.05 MONTHLY x 6] + HST \$16.42 to be charged with first monthly payment. Please ensure funds are available on the first day of each month starting July 1st and/or January 1st each year.

Please note: same procedure as Full Year PAP with half year monthly rates (see above - Full Year PAP)

SENIOR MEMBERSHIP (MUST BE OVER THE AGE OF 65)

provides you with the same benefits as regular membership

NON PRACTISING MEMBERSHIP (MUST EXPLAIN WHY ANNUALLY) provides you with

- nominating and voting privileges
- membership card
- each issue of "The RPN Journal"
- membership in your National Organization CPNA.

NEW GRADUATE MEMBERSHIP: You can apply as a NEW GRADUATE, ONLY if you are (within a year) newly registered with the College of Nurses of Ontario. This category provides you with the same benefits as regular membership.

ASSOCIATE MEMBERSHIP:

Class 1 - The associate member class 1 must be a regulated Licensed Practical Nurse or Practical Nursing Student from an approved program, from a Canadian jurisdiction out of the province of Ontario

Class 2 - The associate member class 2 must be a regulated health professional in Ontario as listed in RHPA

Class 3 - The associate member class 3 must be a regulated health professional student from an approved program in Ontario

This category (Class 1, 2 and 3) provides you with

- same benefits as regular membership with the exception of the right to vote, access to malpractice insurance and the ability to sit on the Board of Directors

CORPORATE MEMBERSHIP:

- same benefits as regular membership with the exception of the right to vote, access to malpractice insurance and the ability to sit on the Board of Directors
- consultative services regarding scope of practice, accountability and collaborative practice
- a cost reduction plan for job posting on our website
- Only one employee per organization is entitled to discount for workshops, programs and conference

RPNAO/ OR Sig (RPNAO/ Operating Room Specialty Interest Group) provides you with

- Regular membership in RPNAO plus membership in the Operating Room Specialty Interest Group
- subscription to bi-annual OR Sig newsletter

RPNAO/ IB Sig (RPNAO/ Independent Business Specialty Interest Group) provides you with

- Regular membership in RPNAO plus membership in the Independent Business Specialty Interest Group
- subscription to bi-annual IB Sig newsletter

RPNAO/ GN Sig (RPNAO/ Gerontological Nursing Specialty Interest Group) provides you with

- Regular membership in RPNAO plus membership in the Gerontological Nursing Association of Ontario GNA(O) - RPNAO/ GN Specialty Interest Group
- subscription to "Perspectives," a quarterly peer reviewed journal". Please visit www.gnaontario.org

RPNAO ITEMS FOR SALE

Promote your profession...

Roll-Up Fleece Blanket

Nurses-make the world a warmer place **\$25.00** _____

Slingpack

Proud to be a nurse - RPNAO **\$18.00** _____

Stainless Steel Travel Mug

Proud to be a nurse - RPNAO **\$ 8.00** _____

Fanny Pack (belt bag)

Nurses - Collaboration in Action **\$12.00** _____

White Full Zipped Hoodie (sizes S- M- L - XL)

color WHITE with RPNAO embroidery **\$ 47.99** _____

Blue Half Zipped Sweatshirt (sizes M- L - XL-2XL)

color BLUE with RPNAO embroidery **\$ 47.99** _____

Translucent Water Bottle **\$ 5.00** _____

RPNAO Pen - Nurses, practical & professional **\$ 5.00** _____

RPNAO License Plate Covers 'Nurses, practical & professional' **\$ 3.00** _____

RPN Pin in gold color **\$ 5.00** _____

RPN Pin & badge holder in gold color (check our website to see this item [www.rpnao.org / e-shop](http://www.rpnao.org/e-shop)) **\$ 5.00** _____

RPNAO PIN **\$ 2.00** _____

RPNAO Video - 50th Anniversary Caring, Leadership and Compassion **\$15.00** _____

sub Total #1: (a) \$ _____

shipping & handling: (b) \$ **8.00**

sub Total #2: (add a+b) (c) \$ _____

- Before July 1, 2010 GST 5% of (c) (d) \$ _____

- On July 1, 2010 or after HST 13% of (c) (e) \$ _____

TOTAL [add (c) + (d) or (e)] \$ _____

PAYMENT METHOD:

CHEQUE / MONEY ORDER VISA MASTERCARD

Card No. _____ Expiry Date: _____

Signature: _____ Date: _____

Please pay separately (from membership) and make all cheques or money orders payable to RPNAO. NSF Items are subject to a \$25 administrative charge

FOR OFFICE USE ONLY:

Date received: _____ Amount Paid: _____ Deposit #: _____