



**CORPORATE MEMBERSHIP FORM
JULY 2009 - JUNE 2010**

5025 Orbitor Drive, Bldg 4, Suite 200, Mississauga, ON L4W 4Y5
Tel. 905-602-4664 - Fax: 905 602 4666

E-mail: membership@rpnao.org
www.rpnao.org

CORPORATE MEMBERSHIP (Please print clearly and/or attached a business card)

Name of Organization: _____

Contact Person: _____ Name _____ Last Name _____ Title: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Telephone : (_____) _____ Ext: _____ Fax: (_____) _____

Email: _____ Website: _____

Select Membership: Please circle your payment amount

Type of Membership	Annual Fee (taxes included)
Corporate Membership This provides you with -consultative services regarding scope of practice, accountability and collaborative practice -a cost reduction plan for job posting on our website -a membership card -quarterly issues of the RPN Journal	\$578.76
Corporate Membership + IB SIG (IB: Independent Business Specialty Interest Group)	\$633.86
Corporate Membership + OR SIG (OR: Operating Room Specialty Interest Group)	\$633.86
Corporate Membership + GN Sig (GN: Gerontological Nursing Specialty Interest Group)	\$644.39

RPNAO collects personal information for the purposes of verifying membership eligibility and type, malpractice insurance coverage and ability to communicate information (PIPED Act).

CANCELLATION POLICY: Full Year Membership expires June 30th each year. 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. 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

Signature Date

FOR OFFICE USE ONLY:

Date Received	Amount Enclosed	Deposit #

PAYMENT METHOD:

- Cheque / Money Order
 Make your cheque or money order payable to RPNAO. NSF items are subject to a \$25 administrative charge.
- Online payment thru www.rpnao.org (renewals only)
- MasterCard Visa

Credit Card : _____

Exp. Date: _____

CREDIT CARD YEARLY CONTINUOUSLY
 This authorization will continue indefinitely until cancelled by me/us in writing at the end of the membership year.

Signature: _____

Date: _____

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

We would like to donate:

Amount \$ _____ for the Education Trust Fund

Amount \$ _____ for RPNAO Public Relations

Thank You!

