



2018- 2019 MEMBERSHIP APPLICATION FORM

July 2018 to June 2019

5025 Orbitor Dr. | Bldg. 5, Ste 200 | Mississauga | ON | L4W 4Y5
 Tel. (905) 602-4664 | Toll Free 1 (877) 602-4664 | Ext. 0 | Fax: (905) 602-4666
 www.rpnao.org | Email: membership@rpnao.org

MEMBER'S INFORMATION:

NAME: _____ LAST NAME: _____
 ADDRESS: _____ APT/UNIT #: _____
 CITY: _____ PROV: _____ P/CODE: _____
 TELEPHONE: (____) _____ BIRTH DATE: _____ GRADUATION DATE: ____ / ____
 MM/DD/YY MM YY
 E-MAIL: _____ YES I CONSENT TO RECEIVE E-MAILS FROM RPNAO

As part of our commitment to a continuous improvement and to serve you better, we are pleased to announce a new online membership application system. If you have any questions regarding the online renewal, please contact us by e-mail membership@rpnao.org or call (905) 602-4664 ext. 0

**COLLEGE OF NURSES
 REGISTRATION NUMBER**

CNO Reg No. _____
 Registered with the CNO - Entitled to practice
 (with the exception of Non-practicing and
 Associate Memberships Categories)

If you were a member before:
 RPNAO Number: _____

ADDITIONAL INFORMATION: PLEASE CHECK (v) THE APPLICABLE BOXES

Union Affiliation: (1) CUPE (2) SEIU (3) OPSEU (4) CLAC (5) PNFO (6) UNIFOR (7) OTHER _____
 Working Code: (1) FULL TIME (2) PART TIME (3) CASUAL
 Sector: (1) COMMUNITY/HOME CARE (2) ACUTE CARE/HOSPITAL (3) LTC [LONG-TERM CARE] (4) OTHER _____

MEMBERSHIP CATEGORIES: PLEASE CIRCLE YOUR TOTAL PAYMENT AMOUNT -(see reverse for explanation)

JULY 2018 TO JUNE 2019	RPNAO FEE	+ HST (Tax)	TOTAL
Full Year - Regular (One payment)	\$226.89	\$29.50	\$256.39
Half Year - Regular (One payment)	\$120.32	\$15.64	\$135.96
Full Year - Regular PAP (12 monthly payments of \$19.91)	\$238.89	\$31.06	\$269.95
Senior (must be 65+)	\$113.45	\$14.75	\$128.20
New Graduate (available one-time-only)	\$113.45	\$14.75	\$128.20
Non - Practicing (must be a Non-practicing class member with CNO)	\$113.45	\$14.75	\$128.20
Associate - Class 1	\$171.88	\$22.34	\$194.22
Associate - Class 2	\$126.12	\$16.40	\$142.52
* Full Year Regular + ORSIG (Operating Room SIG)	\$279.39	\$29.50	\$308.89
* Full Year Regular + PCSIG (Palliative Care SIG)	\$279.39	\$29.50	\$308.89
* Full Year Regular + IBSIG (Independent Business SIG)	\$299.39	\$29.50	\$328.89
* Full Year Regular + GNSIG/GNAO (Gerontological SIG)	\$291.89	\$29.50	\$321.39

PAYMENT METHOD: (SELECT ONE ONLY)

Cheque/Money Order
 Credit Card (Visa or MasterCard - see below)
 Credit Card Continuously. I authorize RPNAO to continuously collect yearly membership fee payment on July 1st, every year. My RPNAO membership will continue indefinitely until I send a written notice of cancellation.
 Pre-authorized Payment Plan (PAP). Enclose copy of your cheque marked "VOID".
 Pre-authorized Payment Plan (PAP) by Credit Card.
 Visa Mastercard

Card No: _____
 Exp. Date: _____ Signature: _____

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

PRE-AUTHORIZED PAYMENT PLAN (PAP)

RPNAO offers a pre-authorized payment plan to pay the membership fees. This option is only available to members who have an up-to-date account balance.

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 withdrawn in writing, ten (10) business days prior to the subsequent withdrawal date and any outstanding balance is due immediately.**

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

Three rejected (PAP) payments will no longer be eligible for the plan for the duration of the year and will be required to remit payments of the outstanding balance immediately.

Signature: _____ Date: _____
 Signature: _____ Date: _____

For joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

Additional \$1 monthly PAP Admin fee is included with your Pre-Authorized payment plan.

Also, I Wish to donate:

Amount \$ _____ to the Education Trust Fund
 Amount \$ _____ for RPNAO Public Relations

***SIG MEMBERS APPLICANTS:** If you join Reg Membership + SIG and want to take advantage of the Pre-Authorized Payment Plan; you must pay separately online or by cheque. ORSIG or PCSIG Full Year \$52.50, IBSIG Full Year \$72.50, GNSIG Full Year \$65.00.

TERMS OF MEMBERSHIP: Full Year Membership expires on Jun/30 every year; Half Year Membership expires on Dec/31 or Jun/30 every year. **Membership fee is not refundable and not transferable.**

NOTE: \$1 of the RPNAO Membership Fee is donated towards the Education Trust Fund.

REQUEST FOR E-MAIL CONSENT: Say YES to stay current! We periodically send out e-mails to include nursing news, educational opportunities, membership information and benefits, newsletters and event invitations to ensure that you stay well informed and up to date. Please confirm your consent. **I consent:** YES NO

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. **I wish to receive the affinity partners' special offers/savings:** By email By mail None

MEMBER'S SIGNATURE _____ DATE _____

For office use only:

Date Received	Sum Enclosed	Deposit No.

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"

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.

SENIOR MEMBERSHIP (MUST BE OVER THE AGE OF 65), provides you with the same benefits as regular membership.

NON-PRACTICING MEMBERSHIP (REQUIRES A NON-PRACTICING CLASS WITH THE CNO). This membership provides you with:

- nominating and voting privileges
- membership card
- each issue of "The RPN Journal"

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 is available ONLY once and provides you with the full benefits of regular membership. Member registration requires your CNO registration number.

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

This category (Class 1 and 2) 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

RPNAO/ OR Sig - Operating Room Specialty Interest Group (of RPNAO), provides you with:

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

RPNAO/ IB Sig - Independent Business Specialty Interest Group (of RPNAO), provides you with:

- membership in the Independent Business Specialty Interest Group
- access to website www.ibsig.ca and email-based communication and educational correspondence governed by the IB SIG By-laws & Privacy statement

RPNAO/ GN Sig - Gerontological Nursing Specialty Interest Group (of RPNAO), provides you with:

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

RPNAO/ PC Sig - Palliative Care Specialty Interest Group (of RPNAO), provides you with:

- membership in the Palliative Care Specialty Interest Group

RPNAO ITEMS FOR SALE - Be proud and promote your profession! Check our website to see these items www.rpnao.org and click **E-Shop**

	QTY	TOTAL
Cotton T-Shirt <small>(sizes S-M-L-XL-2XL-3XL) color BLUE with RPN imprint</small>	\$ 20.00	_____
Cotton T-Shirt <small>(sizes S-M-L-XL-2XL-3XL) color BLACK with "In Good Hands" imprint</small>	\$ 14.60	_____
Full Zipped Hoodie <small>(sizes S-M-L-XL-2XL) color WHITE with RPNAO embroidery</small>	\$ 48.00	_____
Half Zipped Sweatshirt <small>(sizes S-M-L-XL-2XL) color BLUE with RPN embroidery</small>	\$ 48.00	_____
Polar Fleece Jacket <small>color BLUE with RPN embroidery (Ladies sizes M-L-XL-2XL-3XL) (Men sizes M-L-XL-2XL)</small>	\$ 48.00	_____
Sling Bag <small>'Proud to be a nurse' - RPNAO</small>	\$ 24.00	_____
Therm-0-Snack Insulated Bag <small>color Teal with 'RPNAO' imprint</small>	\$ 8.00	_____
Trinity Tote Bag <small>color Back with 'RPNAO' imprint</small>	\$ 10.00	_____
Foldable Water Bottle <small>'RPNAO'</small>	\$ 5.00	_____
Vacuum Bottle <small>Ombre Peristyle Teal/Stainless Steel - 'RPNAO'</small>	\$ 23.00	_____
Scrub Badge Pull Badge Holder - 'RPNAO'	\$ 5.00	_____
RPN Pin <small>in gold color</small>	\$ 10.00	_____
RPN Pin & badge holder <small>in gold color</small>	\$ 10.00	_____
sub Total # 1:	(a) \$	_____
Shipping & Handling (flat rate):	(b) \$	14.00
Sub -Total # 2: [add (a) + (b)]	(c) \$	_____
HST 13% (of c)	(d) \$	_____
TOTAL [add (c) + (d)]	\$	_____

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 #:
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