

MEMBERSHIP

APPLICATION/RENEWAL FORM

PERSONAL INFORMATION					
Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>	Given name		Last name		
Home mailing address					
City		Prov/Terr		Postal Code	
Employer/School			Department		
Address					
Home telephone ()	Work/School ()	ext	Cell ()	Fax ()	
Home e-mail**			Work e-mail**		
(**An e-mail address must be provided to facilitate registration to access the Members' Only Section of the C.I.N.A. website.)					
EDUCATION					
<input type="checkbox"/> RN/RPN/LPN/NP Registration No.& Province: _____ (RN, RPN, LPN, NP number must be included where applicable)			<input type="checkbox"/> BSc (Nursing) <input type="checkbox"/> LPN <input type="checkbox"/> Certificate(s) _____ <input type="checkbox"/> Masters (indicate program) _____ <input type="checkbox"/> PhD (indicate program) _____		
PLEASE SELECT			Declaration of Self-identification		
Member: <input type="checkbox"/> RENEWAL or <input type="checkbox"/> NEW			<input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-Indigenous (See attachment)		
MEMBERSHIP CATEGORIES					
Regular \$75 (Please specify categories) <input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RPN-Psych <input type="checkbox"/> LPN <input type="checkbox"/> NP					
Affiliate \$75 (Please specify profession/level of education) <input type="checkbox"/> _____					
Nursing Student or Elder (non-regulated) \$20 <input type="checkbox"/> (For students, please provide a copy of valid student ID)					
SELECT ALL AREAS OF INTEREST: {used as "identifiers for participation on CINA committees}					
<div><input type="checkbox"/> Addictions <input type="checkbox"/> Disability <input type="checkbox"/> Men's Health <input type="checkbox"/> Women's Health <input type="checkbox"/> Child/Youth Health <input type="checkbox"/> Health Equity <input type="checkbox"/> Mental Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chronic Diseases <input type="checkbox"/> Health Promotion/Prevention <input type="checkbox"/> Mentorship <input type="checkbox"/> Community Health/Development <input type="checkbox"/> Home Care <input type="checkbox"/> Policy & Leadership <input type="checkbox"/> Education <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Population Health <input type="checkbox"/> Environmental Health <input type="checkbox"/> Indigenous Knowledge <input type="checkbox"/> Traditional Healing</div>					
Method of payment			OFFICE USE ONLY		
<input type="checkbox"/> Cheque/Money Order - Made payable to: Canadian Indigenous Nurses Association			RECEIPT # _____		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Name on Card (please print): _____			USERID: _____		
Enter credit card # and expiry date: _____ - _____ - _____ exp. ____/____			PASSWORD: _____		
APPLICANT'S SIGNATURE			APPLICATION DATE:		

Self-Declaration

Why Self Identify?

The Canadian Indigenous Nurses Association (CINA) is committed to the recruitment and retention of Indigenous Peoples, with the aim of achieving equity in both the work force and in educational institutions. To increase the representation of Indigenous Nurses, it is important to know how many Nurses there are in Canada to ensure policies aimed at increasing accessibility and equity. For this purpose, according to our new bylaws and in order to improve the assessment of our practice environments and achievement of Indigenous nurses, you are required to self-identify if you are of First Nations, Inuit or Métis ancestry within the meaning of the Canadian Constitutional Act of 1982.

Definition of Aboriginal People:

In accordance with the Constitution Act, 1982, Part II, Section 35(2), an Aboriginal applicant is a First Nations (status or non-status), Inuit, or Métis person of Canada.

By Self-Identifying as an Indigenous Nurse, CINA can help:

- Contribute to provision of high-quality learning opportunities, programs and incentives that are responsive to the needs of Indigenous Nurses.
- Contribute to strategic goals and policies set by the Canadian Indigenous Nurses Association, First Nations and Inuit Health, the Canadian Nurses Association of Canada and external partners/stakeholders of CINA.
- Track the number of Indigenous Nurses in Canada.
- Promote effective, respectful working relationships and partnerships with Indigenous nurses and the Indigenous community in the delivery of nursing services.

Please check and complete the statement(s) most applicable to you.

- ☐ I declare I am a Status Indian/Treaty-Indian because of my affiliation with the _____ First Nation Community.
- ☐ I declare I am a non-status Indian because of my affiliation with the _____ Nation.
- ☐ I declare I am a Métis because I am a member of the _____ Métis Association, or o I am affiliated with the _____ Métis local / community
- ☐ I declare myself to be Inuk because I am enrolled as a beneficiary of the _____ land claim agreement or I am a member of the Labrador Inuit Association, or o I am affiliated with the _____ Inuit community
- ☐ I declare myself to be an Indigenous person because: _____

All information I have given herein is true and complete and may be verified. Name (please print):

Signature: _____ Date: _____

******Note:** If it is determined that any declaration made above is false, such false declaration shall constitute just cause for termination of membership