

**Canadian Association for Rural and Remote Nursing  
Membership Application  
2018**

**(Check one)**

**Regular Member \$40.00**

- A member with full voting and membership privileges, which includes eligibility to stand for executive office, is a registered nurse who:  
Is registered with a provincial/territorial nursing association/college that is a member of the Canadian Nursing Association,  
Is employed as a Registered Nurse in a rural/remote nursing role and has a commitment to or concern for rural/remote nursing

**Associate Member \$20.00**

- A member who does not hold voting privileges and cannot stand for executive office is a registered nurse or other individual who:  
Is not registered with a provincial/territorial nursing association/college that is a member of the Canadian Nursing Association;  
Is employed in a nursing role in a rural/remote setting or has an interest in rural and remote health care

**Student Member \$15.00**

- A member who does not hold voting privileges and cannot stand for the executive office is a person who:  
Is a full or part-time student in a nursing or closely related health science program where the focus is predominantly nursing, and graduation from the program would entitle the student to full or associate membership upon graduation

**Retired Member \$20.00**

- A member who does not hold voting privileges and cannot stand for executive office, is a registered nurse who:  
Is not registered with a provincial/territorial association/college that is a member of the Canadian Nursing Association;  
Retired from a nursing role in a rural/remote setting

**Complete this membership form and mail to:**

**Meg McDonagh RN, MN, NP  
Canadian Association for Rural and Remote Nursing (CARRN)  
136 Quigley Close  
Cochrane, AB T4C 1S4**

**Submit payment for the membership fees:**

- By cheque with your membership form payable to the Canadian Association for Rural and Remote Nursing**

**Please see page 2.**



## Membership Information 2018

Circle Type of Membership Requested

**Regular \$40**

**Associate \$20**

**Student \$15**

**Retired \$20**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Province (s) or Territories where you are registered: \_\_\_\_\_

Registration number (s): \_\_\_\_\_ (Required by CNA)

How did you hear about CARRN?

Your name will be entered into the CARRN membership database unless you initial here: \_\_\_\_

How would you like to be involved in the organization? (I.e. newsletters submissions, annual meeting planning, membership drives or anything else that would interest you)

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**Canadian Association for Rural and Remote Nursing (CARRN)**

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