

**Canadian Association for Rural and Remote Nursing
Membership Application
2019**

(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:

**Sharleen Jahner, RN BScN MN PhD(c)
Canadian Association for Rural and Remote Nursing (CARRN)
102-802 Heritage Crescent
Saskatoon, SK
S7H 5T3**

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 2019

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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