



# CANADIAN ASSOCIATION FOR INTERNATIONAL NURSING

## MEMBERSHIP APPLICATION FORM

January 1, 2011 – December  
31, 2011

### PERSONAL INFORMATION

<b>Last Name:</b>	
<b>Given Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Email:</b>	

EDUCATION COMPLETED <i>*Please indicate program and institution*</i>	INDICATE YOUR INTEREST IN CAIN PARTICIPATION / INVOLVEMENT
<b>BScN / Diploma:</b>	<input type="radio"/> Committee Work <input type="radio"/> Write/Review Articles <input type="radio"/> Newsletter <input type="radio"/> Conferences <input type="radio"/> Presentations <input type="radio"/> Consulting Work <input type="radio"/> Proposals <input type="radio"/> Other: _____ <input type="radio"/> Research
<b>Masters:</b>	
<b>PhD:</b>	
<b>Certificate(s):</b>	
<b>Other:</b>	

MEMBERSHIP TYPE	PLEASE INDICATE GEOGRAPHIC AND HEALTH AREA(S) OF INTERNATIONAL INVOLVEMENT, EXPERIENCE OR INTEREST
<input type="radio"/> <b>REGULAR \$45 RN</b> <i>Provincial Registration Number must be included for regular membership to be processed</i> <b>RN#:</b> _____	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="radio"/> <b>ASSOCIATE – RETIRED RN \$30</b>	
<input type="radio"/> <b>ASSOCIATE – STUDENT RN \$25</b> <i>Student Number and Institutions must be provided for membership to be processed</i> <b>STUDENT #:</b> _____ <b>INSTITUTION:</b> _____	
<input type="radio"/> <b>ASSOCIATE – NON-RN \$40</b>	
<input type="checkbox"/> <b>New Member</b> <input type="checkbox"/> <b>Existing Member</b>	

Would you like to share your experience with CAIN members by means of our repository? Y/N \_\_\_\_\_

<b>Method of Payment:</b> <input type="radio"/> <b>CHEQUE / MONEY ORDER</b> <input type="radio"/> <b>PAYPAL</b> Please mail completed application form and payment to: <b>Alysha Lust, CAIN Membership Chair</b> <b>#308 11025 101 Ave</b> <b>Edmonton, AB T5K 0K7</b>	Please check if you are from one of the following provinces: <input type="radio"/> ALBERTA <input type="radio"/> ONTARIO
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<b>APPLICANTS SIGNATURE:</b>	<b>APPLICATION DATE:</b>
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