

2015/16 MEMBERSHIP APPLICATION / RENEWAL FORM

Please print all information clearly

Contact Information

Last Name: _____ First Name: _____
 Street Address: _____ City: _____
 Province: _____ Country: _____
 Postal Code: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Fax: _____
 E-mail address: _____
 Preferred Language: English French

Are you an ACRN? YES NO Are you an AACRN? YES NO
 Are you a member of ANAC (USA)? YES NO

Are you a member of any of the following CNA affiliated associations?
 CRNBC RARNA SRNA CRNM
 RAO CRNNS NANB ARNPEI

How did you hear about CANAC?

Renewing member At a conference CANAC website Friend / Co-worker
 Other (please specify): _____

Professional Information

Professional Qualification:
 Registered Nurse Nurse Practitioner LPN / RPN APN / CNS
 Reg. Psych. Nurse Student Program: _____
 Other: _____

Level of Education:

Diploma Master's Degree Baccalaureate Degree PhD
 Other: _____

Total number of years in Nursing: _____ Total number of years in HIV Nursing: _____

Demographics

Percentage of your organizations work in HIV / AIDS:
 0 – 25% 26 – 50% 51 – 75% 76 – 100%

Primary Position

Staff Nurse / Nurse Clinician Nurse Educator Case Manager / Patient Coordinator
 Clinical Nurse Specialist Nurse Researcher Infection Control Practitioner
 Nurse Practitioner Manager / Unit Coordinator Consultant
 Clinical Trials Nurse Director / Assistant director Counselor / Therapist
 Sales / Marketing Industry Rep Other (please specify): _____

Please make cheque or money order payable to:

CANAC / ACIIS B553 – 1081 Burrard Street Vancouver BC Canada, V6Z 1Y6

Work Setting

Work setting: Rural Suburban Urban Mixed

Practice Setting (Check all that apply):

- Inpatient Addictions Treatment Centre Hospice
- Outpatient / Ambulatory Psychiatric / Mental Health Home Care
- Public Health Jail / Government Corrections Physician's Office
- Community Health Care Long-Term / Extended Care Private / Group Practice
- College / University Community-Based / Non-Profit Organization
- Other (Please specify) _____

What is your Particular Area of HIV Interest?:

¹ Use of Membership Information: The use of membership mailing lists by external groups or individuals is strictly controlled by the CANAC policy. The purpose of use and materials for distribution must be consistent with the mission of CANAC. In all cases, membership mailing lists are supplied in printed form (i.e. address labels) only. CANAC policy prohibits the release of membership data in electronic form.

May we share your contact information with other CANAC members? Yes No
 Do you wish to be included in mailing lists approved for external use? Yes No

² Electronic Communication: All communication with members, including newsletters, and membership confirmation is done via email.

Membership Information (All memberships End Oct 31st of the calendar year)

Membership <input type="checkbox"/> New member <input type="checkbox"/> Renewing member	Category and Fees <input type="checkbox"/> Regular (\$50.00) <input type="checkbox"/> Associate / Affiliate (\$40.00) <input type="checkbox"/> Student (\$40.00) please provide proof of full time enrollment	Membership Fee enclosed:	\$
		Additional Tax-Deductible Contribution:	\$
		Total Amount Enclosed:	\$

Credit Card Payment

I approve CANAC / ACIIS to charge my credit card for the sum of \$_____ for annual membership of the Canadian Association of Nurses in AIDS Care

Credit Card Typ Visa MasterCard

Credit Card Number: _____

Expiry (MM/YY): _____ / _____ CVS# (3 digits on the back of the card) _____

Signature _____

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