

Membership Application



Membership year: May 1 – April 30

Membership# _____

Name: _____

Employer: _____

Address (Home Work) _____

(include City/Province/Postal Code) _____

Phone: Preferred _____ Alternate: _____ Email: _____

Membership Category New Member Membership Type General \$85.00 Associate \$65.00

Renewal Membership Type General \$75.00 Associate \$65.00

A **general member** is a nurse who is licensed to practice in Canada and who is working in or affiliated with neuroscience nursing. An **associate member** shall be a nurse or individual practicing in a related discipline in the field of neurosciences or have an interest in the field of neurosciences.

Years in Nursing _____ Years in Neuro _____ Provincial Registration Number _____

CNA Member Yes No CNA Certified Yes No Certification Number _____

Demographics

Educational Background	Practice Setting	Primary Clinical Focus	
Diploma	Academic	Neurology	Neurosurgery
BN or BSN	Ambulatory	Movement Disorder	Neurosciences
MS/MSN	Community Hospital	Neuromuscular	Stroke
PhD	Rehab Facility	Neuro Oncology	Spine
Licensed Practical Nurse	University/Teaching Hosp	Neuro Trauma	Epilepsy
Registered Practical Nurse	Other Please Specify		

Primary Practice Population	Primary Practice Area	Work Function	
Neonatal	Critical Care	Manager	Staff Nurse
Paediatrics	Medical-Surgical	Clinical Educator	Researcher
Adults	Outpatient	Clinical Nurse Specialist	Faculty
Geriatrics	Perioperative	Nurse Practitioner	Student
	Other		

Please mail your membership application and applicable fee to:

Janet White, Membership Chairperson 212-324 Larry Uteck Blvd, Halifax Nova Scotia B3M

0E7 For office use only: Data Entry Treasurer Printer Card/Letter Councillor Package

I do not wish to be included in the CANN Directory

