**CNSA Membership Form 2023 - 2024 Membership Year**

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Membership Form □ YES □ NO

Confirmation of Enrolment Form □ YES □ NO

Cheque Enclosed □ YES □ NO

FOR OFFICE USE ONLY

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MyCNA Activated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Email Sent: □ YES□ NO

**OFFICIAL MEMBERSHIP FORM**

Please complete this form in full and enclose it with **full** payment of fees along with a **confirmation of enrolment** letter (see last page).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Information**

Name of School:

Address of School:

Name of Dean / Director/Chair:

Email Address of Dean/Directors/Chair:

Name of Faculty Advisor: (if applicable)

President of Nursing Student Society or Group: (if applicable)

Email Address President of Nursing Student Society or Group:

**Enrolment / Fee Calculation** All numbers here must be supported by a **letter on faculty letterhea**d, signed by the **registrar or designate**.

Number of Full-time diploma students \_\_\_\_\_\_\_\_\_\_\_\_\_(A)

Number of Part-time diploma students \_\_\_\_\_\_\_\_\_\_\_\_\_\_(B)

Number of Full time undergraduate students \_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)

Number of Part-time undergraduate students \_\_\_\_\_\_\_\_\_\_\_\_\_\_(D)

Number of Full time post-RN students \_\_\_\_\_\_\_\_\_\_\_\_\_\_(E)

Number of Part-time post-RN students \_\_\_\_\_\_\_\_\_\_\_\_\_\_(F)

Fee Calculation [$11.00 x (A+C+E)] + [$7.00 x (B+D+F)] = $\_\_\_\_\_\_\_\_\_\_\_\_\_(G)

In order to assist new chapters, if your school is a **new member** or is in the **second year** of membership, you are responsible for only remitting **50% of the fees**. It is suggested that you collect the full fees but use the remainder of the fees to assist students at your school to attend conferences. Our chapter **qualifies** for fees of 50% □ Yes □ No

Total Fees enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1 Antares, Suite 200, Ottawa, Ontario K2E 8A9 www.cnsa.ca www.aeic.ca**

**Fees Information**

Are your CNSA fees included with your tuition? □ Yes □ No

Are your CNSA fees included in your mandatory ancillary fees? □ Yes □ No

If no, how did you collect these fees?

**Representation**

Does your school have more than one physical campus with a separate nursing program at each campus?

□ Yes □No

If yes, do you have an Official Delegate for each physical campus?

□ Yes □ No

If yes, each physical campus should fill out a **separate membership** form. Fees may be submitted jointly, but a **membership form** must be received for each OD/AD. Feel free to photocopy this form. Each Official delegate will have a vote at the national assembly.

Please list each physical campus and/or college affiliated with your school.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collaborative Programs**

Is your school part of a collaborative program with other institutions?

□ Yes □No

If yes, please ensure you are counting the number of students correctly: *For chapter schools that are part of a collaborative program,* ***each individual chapter*** *is responsible for reporting the correct number of students associated with their chapter. When counting the number of students to remit membership fees, chapter members should include the* ***total number*** *of students that are* ***registered*** *at each individual institution regardless of which location or campus they attend.*

**Delegates**

***Official Delegate***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OD's Address (While at school):

School Telephone:

Personal Email:

Permanent Address (if different from above):

Best Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Associate Delegate***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AD's Address (While at school):

School Telephone:

Personal Email:

Permanent Address (if different from above):

Best Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Associate Delegate (If other is present)***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AD's Address (While at school):

School Telephone:

Personal Email:

Permanent Address (if different from above):

Permanent Telephone:

**Confirmation of Enrolment**

ATTN: Administration Officer 1 Antares, Suite 200, Ottawa, Ontario K2E 8A9

To Whom It May Concern:

This letter will confirm \_\_\_\_\_\_\_\_\_\_\_\_\_ (school name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ enrolment numbers of all nursing students for the 20\_\_\_\_-20\_\_\_\_ school year.

\_\_\_\_\_\_ Full time diploma students

\_\_\_\_\_\_ Part time diploma students

\_\_\_\_\_\_ Full time undergraduate students

\_\_\_\_\_\_ Part time undergraduate students

\_\_\_\_\_\_ Full time post RN students

\_\_\_\_\_\_ Part time post RN students

Grand Total of all nursing students \_\_\_\_\_\_\_

Sincerely,

*(To be signed by Registrar or Dean/Director of Nursing School)*