



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

CNSA
AEIC

Application for Friends of CNSA Subscription

Part 1: Personal Information

Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Email address: _____ CNSA Membership Year: _____

Are you currently a nursing student? *Yes/No (please circle)* If yes, what year are you in?

School of Nursing *(If you are a past CNSA member, state which school you graduated from, and grad year):*

How did you hear about CNSA subscriptions?

Part 2: Subscription Information

Which subscription category are you applying for? *(Please select)*

- Friends of CNSA Distance Subscription:** Any current nursing student enrolled in a non-member School of Nursing may purchase a Friends of CNSA Distance Subscription for \$15 annually.
- Friends of CNSA Alumni Subscription:** Any former member of the Association may purchase a Friends of CNSA Alumni Subscription for \$25 annually.

Part 3: Payment

Please call CNSA's Financial Officer Nilda Belisle at 613-302-9495 to pay by credit card or enclose a cheque or money order in the appropriate amount (\$20 for Distance subscriptions, \$30 for Alumni subscriptions) and mail to:

CNSA Administrative Officer
1145 Hunt Club Road, Suite 450
Ottawa ON K1V 0Y3

FOR OFFICE USE ONLY
Date Received: _____

Amount enclosed: \$ _____

Signature: _____ Date: _____

By signing here, you are agreeing to the terms and conditions of CNSA membership and allowing CNSA to contact you through the above methods for CNSA purposes.