



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

**CNSA Membership Form
2019-2020 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: _____

NurseOne Activated: _____

Confirmation Email Sent: YES NO



Official Membership Form

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

Date: _____
Title: _____

Completed by: _____
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 letterhead, 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 [$\$10.00 \times (A+C+E)$] + [$\$6.00 \times (B+D+F)$] = \$ _____ (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: \$ _____



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.*



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Delegates

Official Delegate

Name: _____

OD's Address (While at school): _____

School Telephone: _____

Personal Email: _____

Permanent Address (if different from above): _____

Permanent Telephone: _____

Associate Delegate

Name: _____

AD's Address (While at school): _____

School Telephone: _____

Personal Email: _____

Permanent Address (if different from above): _____

Permanent Telephone: _____

Associate Delegate

Name: _____

AD's Address (While at school): _____

School Telephone: _____

Personal Email: _____

Permanent Address (if different from above): _____

Permanent Telephone: _____



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Confirmation of Enrolment

ATTN: Administration Officer
1145 Hunt Club Road, Unit 450
Ottawa, Ontario
K1V 0Y3

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)