



**CNCA MEMBERSHIP FORM**

The membership year will go from January 1, 2012– December 31, 2013. A membership card, receipt and Member Directory will be sent to you in the New Year.

**Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

**Are you a member of CNA?** Yes  No   
(i.e. Are you a member of your Provincial Nursing Association?)

**Please circle one of the following:**

**1. Full Voting Membership** **\$40.00**

Education Form Completed  Clinical Practice Form Completed

a) Completed NCA Program in \_\_\_\_\_ (please specify)

b) Completed other advance practice training in continece with  
a minimum of 150 hours education and clinical (please specify)

\_\_\_\_\_

**2. Affiliated Member** **\$30.00**

**3. Student NCA** (expected date of completion \_\_\_\_\_) **\$20.00**

Please make cheque payable to: **"Canadian Nurse Continence Advisor Association"**

Please mail to: **Dr. Jennifer Skelly, President  
Canadian Nurse Continence Advisor Association  
St. Joseph's Healthcare, King Campus  
2757 King Street East  
Hamilton, Ontario  
L8G 5E4**