



CNCA MEMBERSHIP RENEWAL 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