



Operating Room Nurses Association of Canada

&

Manitoba Operating Room Nurses Association

Membership Registration July 1, 20__ to June 30, 20__



Registration Deadline Dec 1, 20__*

Active Associate Honorary Affiliate

CRNM Reg # _____ CPN (C) Year of (re)Certificaton : _____ CPN (C) # _____

Personal

Please Print

Last Name: _____ First Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Fax #: _____ Email: _____ (MORNA Gauzette will be received via email if email address submitted)

Hospital/Employer

Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Fax #: _____ Email: _____

Area of Practice Please indicate if other than OR _____

Full time Part Time Retired

RN CRN Specialty: _____ RNFA Educator

Staff Nurse Management Research Other: Please Indicate Area : _____

Education

Diploma Post-Graduate OR Course Baccalaureate Master's PhD

Currently enrolled in an educational program

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For Signing Officer's Use

Date Rec'd _____ Cheque Cheque #: _____ Cash Membership #: _____

District/Region: _____