



*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  Baccalauteate  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: \_\_\_\_\_