



APPLICATION FOR MEMBERSHIP

July 1, 2009 to June 30, 2010

COMPLETE IN FULL (or will be returned); & MAIL WITH CHEQUE TO:
Sharon Wandzura, SORNG, 443 Waters Cres., SASKATOON, S7W 0A6

SORNG Active Membership = \$40.00 annually; Eligibility:

*Must be an R.N. & licensed to practice with the SRNA
Primary nursing function must be in "Perioperative Nursing"*

SORNG Associate Membership = \$25.00 annually; Eligibility:

*Must be an R.N. & licensed to practice with the SRNA
R.N. whose primary nursing function is other than "Perioperative
Nursing"*

Not eligible to hold office or vote on matters of business

S.R.N.A. # _____ (very important!)

SORNG Renewal? __ or New Member? __ Active? __ or Associate? __

LAST NAME: _____ First Name: _____ Initials: _____

Previous/Former Last Name(s)? _____

Street /Box: _____ City: _____ Prov: _____

P/Code: _____ Home Phone: (_____) _____ Home Fax: (_____) _____

HOME EMAIL: (your newsletters will be mailed here; please enter accurately/clearly) _____

PLACE OF EMPLOYMENT: _____

Work Phone: (_____) _____ - _____ Work Fax: (_____) _____ - _____

Work E-Mail: _____ (please enter accurately/clearly)

Position: _____ Full Time: _____ Part Time: _____ Casual: _____

Currently Seeking Employment: _____ Retired: _____

CURRENT AREA OF PRACTICE: (check all that apply)

Staff Nurse: _____ Education: _____ Clinical Resource: _____ Management: _____ Research: _____

RNFA: _____ PN(A): _____ Other (state): _____

CPN(C)? Yes _____ No _____ If yes which years did you certify &/or recertify? _____ Certification No. _____

EDUCATION: (check all applicable) Diploma: _____ Post-Grad OR Course _____ Baccalaureate _____ Master's _____ PhD _____

Currently enrolled in an educational program? Yes _____ No _____

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SORNG SIGNING OFFICER'S USE ONLY:

Date Received _____ Cheque _____ Cash _____ Amount \$ _____ Receipt # _____

District/Region (N or S) _____ Previous Member? _____ Since Yr? _____ Membership #SK _____

Notes: _____

(M/ship Chair copies for Treasurer & Secretary)

PLEASE PRINT CLEARLY!