Canadian Indigenous Nurses Association (C.I.N.A.)
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MEMBERSHIP
APPLICATION/RENEWAL FORM
April 1, 2022 – March 31, 2023

A STAR (*) INDICATES A REQUIRED FIELD

THIS FORM IS CONFIDENTIAL ONCE COMPLETED

MEMBERSHIP TYPE

[ ] New OR [ ] Renewal

*I, the undersigned, hereby apply for admission as a: (select one)

[ ] Regular Member (RN, RPN, LPN, NP, RPN-Psych)
[ ] Retired Member
[ ] Supporting Member (PSW, CHR, Social Worker, etc.)
[ ] Undergraduate Student or Graduate Nurse Member

PERSONAL INFORMATION

Title: [ ] Miss [ ] Ms. [ ] Mrs. [ ] Mr. [ ] Dr. [ ] Other: ______ [ ] None

*Given name		*Last name		Nickname	
*Home address					
*City		*Prov/Territory		*Postal Code	
*Employer		Department			
Employer Address					
City		Prov/Territory		Postal Code	
*Primary phone		Alternate phone			
*Primary e-mail		Alternate e-mail			

*How would you prefer CINA to contact you? [ ] Phone [ ] Email [ ] Mail at Home [ ] Mail at Work

EDUCATION

*Highest education achieved: [ ] Current undergraduate [ ] Bachelors [ ] Masters [ ] PhD [ ] Other: ________________

*School and Program of highest education: ____

AREAS OF EXPERTISE

Select all that apply and indicate length of expertise (in years):

✓	AREA	Length	✓	AREA	Length	✓	AREA	Length
	Acute Care			Health Promotion/Prevention			Policy & Leadership	
	Addictions/Mental Wellness			Home Care			Population Health	
	Child/Youth Health			Indigenous Knowledge			Public Health	
	Community Health/Development			Infectious Diseases			Surgical Nursing	
	Education			Long-term Care			Traditional Healing	
	Environmental Health			Medical Nursing			Other: ____________	

CREDENTIALS

*Complete the section that pertains to the Membership Type for which you are applying.

Regular Member

I am a: [ ] Registered Nurse [ ] Nurse Practitioner who is in good standing with my Regulatory Body.
[ ] Registered Practical Nurse [ ] Registered Psychiatric Nurse
[ ] Licensed Practical Nurse

Registration No(s).& Province(s): ______________________________

Supporting Member

I am a: [ ] Personal Support Worker [ ] Social Worker who is in good standing with my Regulatory Body.
[ ] Community Health Representative [ ] Other: ______________

Registration No(s).& Province(s): ______________________________

Retired Member

[ ] I was formerly eligible for membership in CINA pursuant to the then membership qualifications and am now a former member or licensee of my Regulatory Body and left my Regulatory Body in good standing.

Undergraduate Student or Graduate Nurse Member

[ ] I am a student who is currently registered in a nursing program at a generally recognized and accredited educational institution.

[ ] I am a Graduate Nurse who is awaiting completion of Registered Nurse certification.

INDIGENOUS ANCESTRY

Why Self-Identify?

The Canadian Indigenous Nurses Association (CINA) is committed to the retention and recruitment of Indigenous Peoples, with the aim of achieving equity in both the workforce and in educational institutions. To increase the representation of Indigenous Nurses it is important to known how many Nurses there are in Canada to ensure policies aimed at increasing accessibility and equity. For this purpose, according to our bylaws and in order to improve the assessment of our practice environments and achievement of Indigenous nurses, you are required to self-identify if you are of First Nations, Inuit or Métis ancestry within the meaning of the Canadian Constitutional Act of 1982.

Definition of Aboriginal People:

In accordance with the Constitution Act, 1982, Part II, Section 35(2), an Aboriginal applicant is a First Nations, Inuit, or Métis person of Canada.

By Self-Identifying as an Indigenous Nurse, you help CINA to:

- Contribute to provision of high-quality learning opportunities, programs and incentives that are responsive to the needs of Indigenous Nurses.
- Contribute to strategic goals and policies set by the CINA, and external partners/stakeholders of CINA.
- Track the number of Indigenous Nurses in Canada.
- Promote effective, respectful working relationships and partnerships with Indigenous nurses and the Indigenous community in the delivery of nursing services.

INDIGENOUS ANCESTRY (continued)

* I am: (select at least one)

[ ] of Indigenous ancestry.

[ ] an individual whose activities demonstrate distinguished or extraordinary service or interest in the field of Indigenous health.

[ ] an individual who has demonstrated an interest in the activities of CINA and in furthering the objects of CINA.

*For the purposes of demonstrating Indigenous ancestry, I am **including a copy** of the following valid supporting document(s) with this Membership Application: (select at least one)

[ ] Indian Status Card
[ ] Métis National Council Governing Membership
[ ] Inuit Beneficiary Card
[ ] Congress of Aboriginal Peoples Affiliate Membership
[ ] Northwest Territories Land Claim Settlement Beneficiaries
[ ] Confirmed Alberta Métis Settlement Members
[ ] Northwest Territory Métis Nation Membership in a historic Métis community recognized as independent and rights-bearing by a provincial, territorial, or Canadian federal government
[ ] Other: ______________________________
[ ] None of the above. I am non-Indigenous.

MEMBERSHIP FEE

* I agree to pay the following membership fee: (select one)

[ ] Regular or Supporting: $75
[ ] Retired: $20
[ ] Undergraduate student: $20 (Must provide valid student ID)
[ ] Graduate Nurse: $20 (Must provide Graduate Nurse certificate)

PAYMENT

* I agree to pay my membership fee by: (select one)

[ ] Cheque/Money Order - ***Make payable to:*** ***Canadian Indigenous Nurses Association***

[ ] Visa [ ] MasterCard Name on Card (please print):______________________

Credit Card Number (or call to provide details):

___ ___ ___ ___ -___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___ Expiry Date ____/____CVV:_____

OFFICE USE ONLY

RECEIPT #: __________

DATE: ______________

APPROVAL #:__________

PROCESSED BY:

____

CERTIFICATION

I, the undersigned:

- am interested in furthering CINA's purposes;
- confirm that all information I have given herein is true and complete and may be verified;
- agree that admission as a Member of CINA is at the sole discretion of the Board of Directors of CINA, and that the Board may request additional supporting documentation of my qualifications for membership;
- acknowledge and understand that membership in CINA is on an annual basis commencing on April 1st and expiring on March 31st of the following year until renewed, and that membership fees are not pro-rated;
- consent to the participation in a meeting of CINA Members by means of a conference call or other communications equipment (e.g., Skype); and
- understand that if it is determined that any declaration made above is false, such false declaration shall constitute just cause for termination of membership.

*APPLICANT'S NAME (Please print)

*APPLICANT'S SIGNATURE	*DATE (YYYY/MM/DD)