



AARNIPP

Alberta Association of Registered Nurses in Private Practice

MEMBERSHIP APPLICATION

NAME _____

ADDRESS (including postal code) _____

PHONE (H) _____ (B) _____ (C) _____

CARNA Registration Number _____

REGION

CALGARY

EDMONTON

MEMBERSHIP CATEGORY (please enclose fee)

ACTIVE \$75.00

ASSOCIATE \$35.00

Membership Year **2013-2014**

NEW

RENEWAL

I am in private (independent) practice

Full Time

Part Time

I am not in private (independent) practice

I wish to join AARNIPP because _____

Name of Business and Service(s) Provided _____

Place my name on the email list to receive information relevant to private practice nursing YES NO

Include my business on the AARNIPP website* YES NO

*If yes and your practice has been approved by CARNA please complete attached page

Signature _____ Date _____

Personal information will not be sold, bartered or released to any other organization or individual, except as required by legislation. Membership lists will be used by AARNIPP Executive to conduct the business of the Association.

Supporting Entrepreneurship, Professionalism and Nursing Innovation

FOR OFFICE USE ONLY

PAYMENT RECEIVED RECEIPT SENT COPY TO TREASURER
 MEMBERSHIP LIST EMAIL LIST WEBSITE LETTER

AUTHORIZED SIGNATURE _____ DATE _____



AARNIPP
Alberta Association of Registered Nurses in Private Practice

WEBSITE INFORMATION

Name _____

Address _____

Please complete the following*:

Business Name

Contact Name

Business telephone number

Business fax number

Email address

Website

Short description of service(s) offered (approx. 25 words)

*Your practice must be approved by CARNA to be listed on the AARNIPP website

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