



# AARNIPP

Alberta Association of Registered Nurses in Private Practice

PO Box 73112 Hampton RPO  
Edmonton, Alberta T5T 3X1

## MEMBERSHIP APPLICATION

NAME

ADDRESS

CITY  PROVINCE  POSTAL CODE

PHONE (H)  (B)  (C)

EMAIL ADDRESS

CARNA Registration Number

REGION  CALGARY  EDMONTON

MEMBERSHIP CATEGORY (please enclose fee)\*  ACTIVE \$100.00  ASSOCIATE \$45.00  
\*Please see Payment Details page

Membership Year **2015-2016**  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 Website Information page)

Has your practice been approved by CARNA  YES  NO

Signature  Date   
(electronic signature is acceptable)

*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***



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## PAYMENT DETAILS

NAME

EMAIL ADDRESS

Payment to be made by:

- Cheque (# )\*
- PayPal (credit card payment)\*\*
- INTERAC e-Transfer\*\*\*



*\*Please make cheque(s) payable to AARNIPP. Any non-sufficient funds (NSF) returned cheque(s) will be subject to a \$25 service fee per NSF.*

*\*\*A PayPal account is NOT required for credit card payments. An invoice will be emailed to you with detailed instructions.*

*\*\*\*Please forward password to AARNIPP at [info@privatepracticenurses.ca](mailto:info@privatepracticenurses.ca) for access to funds.*

Signature  Date   
(electronic signature is acceptable)

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### FOR OFFICE USE ONLY

<input type="checkbox"/> PAYMENT RECEIVED	<input type="checkbox"/> RECEIPT SENT	<input type="checkbox"/> COPY TO TREASURER
<input type="checkbox"/> MEMBERSHIP LIST	<input type="checkbox"/> EMAIL LIST	<input type="checkbox"/> WEBSITE <input type="checkbox"/> LETTER
AUTHORIZED SIGNATURE <input type="text"/>	DATE <input type="text"/>	

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## WEBSITE INFORMATION

Please complete the following\*:

Name

Business Name

Business telephone number

Business fax number

Email address

Website address

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

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