ACEN GENERAL MEMBERSHIP APPLICATION 2013-2014

Please send the completed application form to info@acen.ca



ACEN membership is **\$400.00** - April 1, 2013 to March 31, 2014

CONTACT II				2014						
	NFORMA	TION								
Name:										
Title:										
Organization	:									
Mailing Addro	ess:									
Street Addres	ss:									
(if different tha	an above)									
Telephone:										
Email:										
If you would like your Administrative Assistant to <u>receive</u> ACEN emails, please provide their contact information below:										
cc Email:										
MEMBER P	ROFILE									
Please indicate what SECTOR you represent:										
Acute Care		Long Term Care		Home Care						
Academia		Public Health		Other						
THIS INFORM	ATION IS RE	EQUIRED FOR OUR ASS	OCIATION	MEMBERSHIP WITH	CANADIAN	NURSES ASSOCIATION				
BRITISH COLUMBIA MEMBERS: ARE YOU A MEMBER OF CRNBC?										
YES:		NO:								
ONTARIO MEMBERS: ARE YOU A MEMBER OF RNAO?										
YES:		NO:								
ACEN PRIVA	ACY POLI	CY								
ACEN will only allow access to information about your membership status and contact information to third parties under the following conditions:										
under the foll	Uwing Cond	 For purposes of facilitating research relevant to the members; and 								
	-		to the men	 To facilitate communication with members by a third party with regards to initiatives and activities that are 						
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Ottawa, ON K2P 0S7