

2021 Retired Membership Application Form

Membership is not transferable and Membership fee is not refundable.

*Please **PRINT** clearly and complete all sections of this form to keep your profile current.*

MEMBERSHIP YEAR Jan. 1, 2021 – Dec. 31, 2021

Name: _____

RETIRED MEMBERS

Each applicant for retired membership shall be:

1. A full member of the Association for the five years immediately preceding the initial application for retired membership in the Association and
2. Permanently retired from active employment in nursing.

Home Address: _____

City: _____ Province: _____

Postal Code: _____

Telephone No (Primary): _____
(I give OOHNA permission to call me at this number)

Email (Primary): _____
(I give OOHNA permission to send all email correspondence to this email)
Under the Current Canadian Anti-Spam law, emails will only be emailed to this email address.

PLEASE COMPLETE & SIGN

Signature **Date**
Application must be signed & dated to process registration.

MEMBERSHIP FEE: \$56.⁵⁰ (Your membership fee INCLUDES HST)

METHOD OF PAYMENT

We accept cheque or credit card whichever is convenient for you. If you prefer to pay by cheque, make it payable to Ontario Occupational Health Nurses Association for the amount due and mail it with your completed membership application form.

- Cheque Enclosed – mail it to 504-701 Evans Ave., Toronto, ON M9C 1A3
- Credit Card Payment - fax confidentially to 416-239-5462

MEMBERSHIP FEE MUST BE RECEIVED TO COMPLETE REGISTRATION.

PAYING BY MASTERCARD OR VISA COMPLETE BELOW

AMOUNT DUE \$ _____ Today's Date (DD/MM/YY) ____/____/____

MasterCard/VISA No

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CVV Number – last 3 digits on back of card Expiry Date

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Month/Year

Cardholder Signature _____

Cardholder Name as appears on card _____

Billing Address of Cardholder _____

By submitting your membership to the Ontario Occupational Health Nurses Association (OOHNA) and providing the above information for consideration, you agree to abide by the code of ethics, and bylaws of the association, submit accurate information and understand that it is a breach of the association's code of ethics to provide false information. You also understand that you must pay annual dues to maintain membership in OOHNA and that OOHNA may release information to certain Board approved partners/groups from time to time as required. OOHNA is committed to protecting the privacy of your personal information. Information collected from this form will be used for renewal purposes, and to notify you about OOHNA programs and services. For more information please visit our website at www.oohna.on.ca