



ONTARIO NURSES' ASSOCIATION



APPLICATION FOR MEMBERSHIP IN ONTARIO NURSES' ASSOCIATION

APPLICATION FROM _____
FOR MEMBERSHIP WITH THE ONTARIO NURSES' ASSOCIATION *(last name, first name, middle initial)*

DATE _____ WITNESS _____

▲ MEMBER PORTION - KEEP TOP PORTION AS TEMPORARY VERIFICATION ▲

▼ FORWARD BOTTOM PORTION OF PART 1 (WHITE) TO HEAD OFFICE ▼

NAME _____ <i>(last, first, middle initial)</i>	FULL-TIME <input type="checkbox"/> PART-TIME / CASUAL <input type="checkbox"/>
SOCIAL INSURANCE NUMBER _____	RN <input type="checkbox"/> ALLIED <input type="checkbox"/>
COLLEGE REGISTRATION NUMBER _____	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MAILING ADDRESS _____	ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/>

COURIER ADDRESS _____
(if different than above)

HOME PHONE: () HOME E-MAIL: _____

EMPLOYER _____ LOCAL NUMBER _____

SITE _____ WORK PHONE ()

- I, THE UNDERSIGNED:
- A) APPLY FOR MEMBERSHIP IN THE ONTARIO NURSES' ASSOCIATION AND AGREE TO ABIDE BY ITS CONSTITUTION AND BYLAWS.
 - B) AUTHORIZE THE ONTARIO NURSES' ASSOCIATION TO BE MY EXCLUSIVE BARGAINING AGENT.

SIGNED _____

ON BEHALF OF THE ONTARIO NURSES' ASSOCIATION, I HEREBY ACCEPT THIS APPLICATION.

DATE _____ SIGNED (WITNESS) _____

