

### MEMBER'S INFORMATION:

NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ APT/UNIT #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ P/CODE: \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_ / \_\_\_\_  
MM/DD/YY MM YY  
 E-MAIL: \_\_\_\_\_ YES  I CONSENT TO RECEIVE E-MAILS FROM WeRPN

COLLEGE OF NURSES  
REGISTRATION NUMBER  
 CNO Reg No. \_\_\_\_\_  
 The CNO Registration number is a mandatory field for all RPNs.  
 If you were a member before:  
 WeRPN Number: \_\_\_\_\_

### ADDITIONAL INFORMATION: PLEASE CHECK (v) THE APPLICABLE BOXES

Union Affiliation: (1) CUPE  (2) SEIU  (3) OPSEU  (4) CLAC  (5) PNFO  (6) UNIFOR  (7) OTHER  \_\_\_\_\_  
 Working Code: (1) FULL TIME  (2) PART TIME  (3) CASUAL   
 Sector: (1) COMMUNITY/HOME CARE  (2) ACUTE CARE/HOSPITAL  (3) LTC [LONG-TERM CARE]  (4) OTHER  \_\_\_\_\_

### MEMBERSHIP CATEGORIES: PLEASE CIRCLE YOUR PAYMENT AMOUNT - (see reverse for explanation)

JULY 2019 TO JUNE 2020	WeRPN	+ HST	TOTAL	
Full Year - Regular (One payment)	\$249.58	\$32.45	<b>\$282.03</b>	<input type="checkbox"/>
Half Year - Regular (One payment)	\$132.35	\$17.21	<b>\$149.56</b>	<input type="checkbox"/>
Full Year - Regular PAP (12 monthly payments of \$21.80)	\$261.58	\$34.01	<b>\$295.59</b>	<input type="checkbox"/>
Senior (must be 65+)	\$124.80	\$16.22	<b>\$141.02</b>	<input type="checkbox"/>
New Graduate (available one-time-only)	\$124.80	\$16.22	<b>\$141.02</b>	<input type="checkbox"/>
Non - Practicing	\$124.80	\$16.22	<b>\$141.02</b>	<input type="checkbox"/>
Associate - Class 1	\$189.07	\$24.58	<b>\$213.65</b>	<input type="checkbox"/>
Associate - Class 2	\$138.73	\$18.03	<b>\$156.76</b>	<input type="checkbox"/>

### PAYMENT METHOD: (SELECT ONE ONLY)

- Cheque/Money Order (please make payable to Registered Practical Nurses Association of Ontario)  
 Credit Card (Visa or MasterCard - see below)  
 Credit Card Continuously. I authorize WeRPN to continuously collect yearly membership fee payment on July 1st, every year. My membership will continue indefinitely until I send a written notice of cancellation.  
 \*Pre-authorized Payment Plan (PAP). Enclose copy of your cheque marked "VOID".  
 \*Pre-authorized Payment Plan (PAP) by Credit Card.  
 Visa  Mastercard

Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

NSF items are subject to a \$25 administrative charge

### You may be interested in Special Interest Groups (SIGs), Membership ADDONS (please circle your selection[s])

*ORSIG (Operating Room SIG)	\$52.50 <input type="checkbox"/>	* IBSIG (Independent Business SIG)	\$72.50 <input type="checkbox"/>
*PCSIG (Palliative Care SIG)	\$52.50 <input type="checkbox"/>	* GNSIG (GNAO) (Gerontology SIG)	\$65.00 <input type="checkbox"/>
* REHABSIG (Rehabilitation SIG)	\$50.00 <input type="checkbox"/>	* MHSIG (Mental Health SIG)	\$50.00 <input type="checkbox"/>
* LEADERSHIP SIG	\$50.00 <input type="checkbox"/>	* WOCSIG (Wound, Ostomy & Continence SIG)	\$50.00 <input type="checkbox"/>

**\*SIG MEMBERS APPLICANTS:** If you join Reg Membership + SIG and want to take advantage of the Pre-Authorized Payment Plan; you must pay separately online or by cheque. ORSIG or PCSIG \$52.50, IBSIG \$72.50, GNSIG \$65.00, Leadership SIG or MHSIG or REHABSIG or WOCSIG \$50.00.

**TERMS OF MEMBERSHIP:** Full Year Membership expires on Jun/30 every year; Half Year Membership expires on Dec/31 or Jun/30 every year. **Membership fee is not refundable and not transferable.**

**NOTE:** \$1 of the WeRPN Membership Fee is donated towards the Education Trust Fund.

**REQUEST FOR E-MAIL CONSENT:** Say YES to stay current! We periodically send out e-mails to include nursing news, educational opportunities, membership information and benefits, newsletters and event invitations to ensure that you stay well informed and up to date. Please confirm your consent. **I consent:**  YES  NO

**PRIVACY POLICY:** Your privacy is very important to WeRPN. We will not share your contact information with any unaffiliated third parties. However, many of our members appreciate receiving information on savings and special offers from our affinity partners. **I wish to receive the affinity partners' special offers/savings:**  By email  By mail  None

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For office use only:

Date Received	Sum Enclosed	Deposit No.

### \*PRE-AUTHORIZED PAYMENT PLAN (PAP)

WeRPN offers a pre-authorized payment plan to pay the membership fees. This option is only available to members who have an up-to-date account balance.

I/We hereby authorize the named bank/financial institution to debit my/our account each month for all payments to the Registered Practical Nurses Association of Ontario in payment of my annual membership fee which will be collected monthly. The treatment of each payment will be the same as if I/We had personally issued a cheque. **This authorization may be withdrawn in writing, ten (10) business days prior to the subsequent withdrawal date and any outstanding balance is due immediately.**

**YEARLY:** This authorization will expire June 30th, every year.

**CONTINUOUSLY:** This authorization will continue indefinitely until cancelled by me/us in writing at the end of each WeRPN membership year (June 30, every year).

*Three rejected (PAP) payments will no longer be eligible for the plan for the duration of the year and will be required to remit payments of the outstanding balance immediately. Non-payment will result in cancellation of your membership.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

*Additional \$1 monthly PAP Admin fee is included with your Pre-Authorized payment plan.*

### Also, I wish to donate:

Amount \$ \_\_\_\_\_ to the Education Trust Fund

Amount \$ \_\_\_\_\_ for WeRPN Public Relations

**IMPORTANT INFORMATION FOR MEMBERS:**

PLEASE BE ADVISED THAT, ALL PROFESSIONAL LIABILITY / MALPRACTICE INSURANCE POLICIES EXCLUDE CLAIMS IF THE INSURED (YOU, THE NURSE) HAD PRIOR KNOWLEDGE OF THE CLAIM, BEFORE THE INCEPTION DATE OF THE COVERAGE (THE DATE YOUR NEW MEMBERSHIP STARTED). EXCEPTIONS ARE SOMETIMES MADE IF THE INSURED ADVISES THE INSURANCE COMPANY OF THE SITUATION AND IT CAN BE EVALUATED BY THE UNDERWRITER.

**MEMBERSHIP CATEGORIES:**

REGULAR MEMBERSHIP, provides you with:

- malpractice and legal defense insurance coverage as stipulated by WeRPN policy
- nominating and voting privileges
- membership card
- each issue of "WeRPN Magazine"

FULL YEAR - PRE-AUTHORIZED PAYMENT PLAN (PAP) MEMBERSHIP, provides you with same benefits as regular membership.

FULL YEAR PAP: [\$21.80 MONTHLY x 12] + HST \$34.01 to be charged with first monthly payment. **Please ensure funds are available on the first day of each month starting July 1st each year.**

Please note: If you join before July 1st, the first payment will be \$21.78 plus the total HST amount (\$34.01); if you join after July 1st, the first payment will be \$43.58 plus the total HST amount on Aug. 1st; if you join after Aug 1st., the first payment will be \$65.38 plus the total HST amount on Sep. 1st; and so on... then \$21.80 monthly.

HALF-YEAR MEMBERSHIP Jul/Dec and/or Jan/June, provides you with same benefits as regular membership for the half year.

SENIOR MEMBERSHIP (MUST BE OVER THE AGE OF 65), provides you with the same benefits as regular membership.

NON-PRACTICING MEMBERSHIP (REQUIRES A NON-PRACTICING CLASS WITH THE CNO). This membership provides you with:

- nominating and voting privileges
- membership card
- each issue of "WeRPN Magazine"

NEW GRADUATE MEMBERSHIP: You can apply as a NEW GRADUATE, ONLY if you are (within a year) newly registered with the College of Nurses of Ontario. This category is available ONLY once and provides you with the full benefits of regular membership. Member registration requires your CNO registration number.

ASSOCIATE MEMBERSHIP:

**Class 1** - The associate member class 1 must be a regulated Licensed Practical Nurse or Practical Nursing Student from an approved program, from a Canadian jurisdiction out of the province of Ontario

**Class 2** - The associate member class 2 must be a regulated health professional in Ontario as listed in RHPA

These categories (Associate Class 1 and 2) provide you with:

- same benefits as regular membership with the exception of the right to vote, access to malpractice insurance and the ability to sit on the Board of Directors

WeRPN/ OR Sig - Operating Room Specialty Interest Group (of WeRPN), provides you with:

- membership in the Operating Room Specialty Interest Group
- subscription to bi-annual OR Sig newsletter

WeRPN/ IB Sig - Independent Business Specialty Interest Group (of WeRPN), provides you with:

- membership in the Independent Business Specialty Interest Group
- access to website [www.ibsig.ca](http://www.ibsig.ca) and email-based communication and educational correspondence governed by the IB SIG By-laws & Privacy statement

WeRPN/ GN Sig - Gerontological Nursing Specialty Interest Group (of WeRPN), provides you with:

- membership in the Gerontological Nursing Association of Ontario GNA(O) - WeRPN GN Specialty Interest Group
- subscription to "Perspectives", a quarterly peer reviewed journal. Website [www.gnaontario.org](http://www.gnaontario.org)

WeRPN/ PC Sig - Palliative Care Specialty Interest Group (of WeRPN), provides you with:

- membership in the Palliative Care Specialty Interest Group

**WeRPN Online Store:** Show your support of the profession through WeRPN branded apparel and promotional products. Visit our online store to view the items below and more - [www.werpn.com](http://www.werpn.com) and click **SHOP**.

**Vintage RPNAO merchandise still available:**

	<b>QTY</b>	<b>TOTAL</b>
<b>Cotton T-shirt</b> with 'RPN' imprint (front), 'NURSE' (back) colors <b>TEAL</b>		
Ladies sizes: S-M-L-XL-2XL	<b>\$ 20.00</b>	_____
Men sizes: S-M-L-XL-2XL		_____
<b>Full Zipped Hoodie</b> (sizes S-M-L-XL-2XL-3XL) color <b>WHITE</b> with 'RPNAO' embroidery	<b>\$ 48.00</b>	_____
<b>Half Zipped Sweatshirt</b> (sizes S-M-L-XL-2XL) color <b>NAVY BLUE</b> with 'RPN' embroidery	<b>\$ 48.00</b>	_____
<b>Polar Fleece Jacket</b> (Ladies jacket has a hood) color <b>NAVY BLUE</b> with 'RPN' embroidery	<b>\$ 48.00</b>	_____
Ladies sizes: M-L-XL-3XL / Men sizes: M-L-XL-2XL		_____
<b>Fleece Full Zip Hoodie</b> (sizes S-M-L-XL-2XL-3XL) colors <b>GREY</b> with 'RPN' embroidery (front), 'NURSE' imprint (back)	<b>\$ 48.00</b>	_____
<b>Cotton T-shirt</b> (sizes S-M-XL-2XL-3XL) color <b>BLACK</b> with 'In Good Hands' imprint	<b>\$ 14.60</b>	_____
<b>Foldable Water Bottle</b> with white 'RPNAO' imprint	<b>\$ 5.00</b>	_____
<b>Sling Bag</b> with white 'Proud to be a nurse' imprint - RPNAO	<b>\$ 24.00</b>	_____
<b>Scrub Badge Pull (badge holder)</b> with white 'RPNAO' imprint	<b>\$ 5.00</b>	_____
<b>RPN Pin</b> in gold color	<b>\$ 10.00</b>	_____
<b>RPN Pin &amp; badge holder</b> in gold color	<b>\$ 10.00</b>	_____
sub Total # 1:	(a) \$	_____
Shipping & Handling (flat rate):	(b) \$	<b><u>14.00</u></b>
Sub -Total # 2: [ (a) - (b) + (c) ]	(c) \$	_____
HST 13% (of d)	(d) \$	_____
<b>TOTAL</b> [ add (c) + (d) ]	<b>\$</b>	_____

**PAYMENT METHOD:**

CHEQUE / MONEY ORDER  VISA  MASTERCARD

Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please pay separately (from membership) and make all cheques or money orders payable to:  
Registered Practical Nurses Association of Ontario

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**FOR OFFICE USE ONLY:**

Date received:	Amount Paid:	Deposit #:
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