

MEMBER'S INFORMATION:

(Please feel free to make photocopies of this form if needed)

NAME: _____ LAST NAME: _____
ADDRESS: _____ Apt/Unit #: _____
CITY: _____ PROV: _____ P/CODE: _____
BIRTH DATE: _____ GRADUATION DATE: _____ / _____
Month / Day / Year Month / Year
TELEPHONE #: (____) _____ FAX #: (____) _____
E-MAIL: _____ ☐ Yes, I consent to receive e-communication 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 (RPNAO) No. _____

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) ACCUTE CARE/HOSPITAL ☐ (3) LTC (LONG-TERM CARE) ☐ (4) OTHER ☐ _____

MEMBERSHIP CATEGORIES: (PLEASE SELECT ONE)

| Membership Payment Plans | ANNUAL FEE | AMOUNT PAID |
|--|---|-------------|
| Regular Membership Payroll Deduction Plan | \$ 282.03 | |
| Senior Membership (over 65), or New Graduate Membership Payroll Deduction Plan | \$ 141.02 | |
| Regular Membership (PAP) Pre-authorized Payment Plan VOID cheque is required | \$295.59 (21.80 monthly + \$34.01 HST) | |

PAYMENT METHOD:

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 **This authorization may be withdrawn in writing, ten (10) business days prior to the subsequent withdrawal date and any outstanding balance is due immediately.**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 membership 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.

Signature: _____ Date: _____

Signature: _____ Date: _____

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

PAP: Additional \$1 monthly 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

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 CONSENT: Say YES to stay current! We periodically send out e-communications 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 e-mail ☐ By mail ☐ None ☐

MEMBER'S SIGNATURE

DATE

For office use only:

| Date Received | Sum Enclosed | Deposit No. |
|---------------|--------------|-------------|
| | | |

(see over)

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"

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

HALF YEAR PAP: [\$23.06 MONTHLY x 6] + HST \$17.99 to be charged with first monthly payment. **Please ensure funds are available on the first day of each month.**
Please note: If you join before January 1st, the first payment will be \$23.05 plus the total HST amount (\$17.99); if you join after January 1st, the first payment will be \$46.11 plus the total HST amount on Feb. 1st; if you join after Feb.1st, the first payment will be \$69.17 plus the total HST amount on Mar. 1st; and so on... then \$23.06 monthly.

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 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

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 and click **SHOP**.

Receive 10% discount on your purchase until December 31, 2019

Vintage RPNAO merchandise still available:

| | QTY | TOTAL |
|---|-----------------|--------------|
| Cotton T-shirt with 'RPN' imprint (front), 'NURSE' (back) colors TEAL Ladies sizes: S-M-L-XL-2XL Men sizes: S-M-L-XL-2XL | \$ 20.00 | |
| Full Zipped Hoodie (sizes S-M-L-XL-2XL-3XL) color WHITE with 'RPNAO' embroidery | \$ 48.00 | |
| Half Zipped Sweatshirt (sizes S-M-L-XL-2XL) color NAVY BLUE with 'RPN' embroidery | \$ 48.00 | |
| Polar Fleece Jacket (Ladies jacket has a hood) color NAVY BLUE with 'RPN' embroidery Ladies sizes: M-L-XL-3XL / Men sizes: M-L-XL-2XL | \$ 48.00 | |
| Fleece Full Zip Hoodie (sizes S-M-L-XL-2XL-3XL) colors GREY with 'RPN' embroidery (front), 'NURSE' imprint (back) | \$ 48.00 | |
| Cotton T-shirt (sizes S-M-XL-2XL-3XL) color BLACK with 'In Good Hands' imprint | \$ 14.60 | |
| Foldable Water Bottle with white 'RPNAO' imprint | \$ 5.00 | |
| Sling Bag with white 'Proud to be a nurse' imprint - RPNAO | \$ 24.00 | |
| Scrub Badge Pull (badge holder) with white 'RPNAO' imprint | \$ 5.00 | |
| RPN Pin in gold color | \$ 10.00 | |
| RPN Pin & badge holder in gold color | \$ 10.00 | |
| sub Total # 1: | (a) \$ | |
| 10% discount (only until December 31, 2019) | (b) \$ | |
| Shipping & Handling (flat rate): | (c) \$ | 14.00 |
| Sub -Total # 2: [(a) - (b) + (c)] | (d) \$ | |
| HST 13% (of d) | (e) \$ | |
| TOTAL [add (d) + (e)] | \$ | |

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

NSF Items are subject to a \$25 administrative charge

FOR OFFICE USE ONLY:

Date received: _____ Amount Paid: _____ Deposit #: _____