We RPN Registered Practical Nurses Association of Ontario

Payroll Deduction Plan
2021-2022 Membership Year

5025 Orbitor Drive, Bldg 5, Suite 200, Mississauga, ON L4W 4Y5
Tel: (905) 602-4664 - Toll Free: 1 (877) 602-4664 - Fax: (905) 602-4666
E-mail: membership@werpn.com website: www.werpn.com

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

MEMBER'S INFORMATION:

NAME: _____ LAST NAME: _____

ADDRESS: _____ APT/UNIT #: _____

CITY: _____ PROV: _____ P/CODE: _____

TELEPHONE: (_____)_____ BIRTH DATE: _____ (MM/DD/YY) GRADUATION DATE: ___ /____ (MM YY)

E-MAIL: _____ YES ☐ I CONSENT TO RECEIVE E-MAILS FROM WeRPN

☐ **E-mail consent: Please check (√) to stay current and receive WeRPN communications**

☐ **Please check (√) if you prefer to receive your Welcome Package electronically**

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 (√) 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	**$ 296.15**	
Senior Membership (over 65), or New Graduate Membership Payroll Deduction Plan	**$ 148.08**	
Regular Membership (PAP) Pre-authorized Payment Plan VOID cheque is required	**$ 309.71** ($22.84 monthly + $35.63 HST)	

HST No. 856531934RT0001

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-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.

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 indefinetely 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

(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
- each issue of "The RPN Magazine"
- WeRPN membership card

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

FULL YEAR PAP: [$22.84 MONTHLY x 12] + HST $35.63 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 $22.84 plus the total HST amount ($35.63); if you join after July 1st, the first payment will be $45.68 plus the total HST amount on Aug.1st; if you join after Aug 1st., the first payment will be $68.52 plus the total HST amount on Sep. 1st; and so on... then $22.84 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
- each issue of "The RPN Magazine"
- WeRPN membership card

NEW GRADUATE REGISTERED WITH CNO MEMBERSHIP. This membership is for New Graduates who have completed registration with the College of Nurses of Ontario (CNO) and have obtained a CNO registration number. Membership provides:
- malpractice and legal defense insurance coverage as stipulated by WeRPN policy
- Nominating and voting privileges
- Subscription to WeRPN Magazine
- Access to all member benefits including partner savings
- WeRPN membership card

Note: This membership is available one-time only post practical nursing program graduation. If your WeRPN membership profile indicates you are a past New Graduate member, then your membership status will transition to the Regular membership category. Please ensure this is your first time post graduation for enrolling in this New Graduate Registered with CNO membership category.

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

This category (Class 1 and 2) provides 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 - **O**perating **R**oom 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 - **I**ndependent **B**usiness 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 - **G**erontological **N**ursing 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/ MH Sig - **M**ental **H**ealth Specialty Interest Group (of WeRPN), provides you with:
- membership in the Mental Health Specialty Interest Group

WeRPN/ WOC Sig - **W**ound, **O**stomy & **C**ontinence Specialty Interest Group (of WeRPN), provides you with:
- membership in the Wound, Ostomy & Continence 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 some Vintage RPNAO merchandise that is still available - www.werpn.com and click **SHOP**.

		QTY	TOTAL
Cotton T-shirt V-Neck with 'WeRPN' imprint (front), We are Professionals, We are Inspired, We are Leaders, We are Caring, We are Nurses' (back) color **Blue True Royal (**sizes: M-L-XL-2XL)	**$ 20.00**	_____	_____
Hoodie Full Zip with 'WeRPN' embroidery (front), 'NURSE' imprint (back) color **Heather Navy** (sizes S-M-L-XL-2XL)	**$ 48.00**	_____	_____
Hoodie Full Zip with 'WeRPN' embroidery (front), 'NURSE' imprint (back) color **Tour Blue** (sizes S-M-L-XL-2XL)	**$ 48.00**	_____	_____
Weathertec Softshell Jacket 'WeRPN' embroidery color **Blue True Royal** (Ladies sizes M-L-XL-2XL-3XL)	**$120.00**	_____	_____
Half Zipped Sweatshirt with 'RPN' embroidery color **Navy Blue** (sizes S-2XL only)	**$ 48.00**	_____	_____
Non-Medical Face Mask color **blue** with white "WeRPN" imprint Single mask	**$ 8.00**	_____	_____
Set of two masks	**$ 15.00**	_____	_____
Bay Bottle Shaker with 'WeRPN' imprint Color **Transparent Royal**	**$ 16.00**	_____	_____
Foldable Water Bottle with 'WeRPN' imprint Color **Blue**	**$ 5.00**	_____	_____
Stainless Steel Camp Mug with "WeRPN" imprint Color **Blue**	**$ 18.00**	_____	_____
Rockit Bottle 500 MLL with 'WeRPN' imprint Color **Blue Mate Royal**	**$ 23.00**	_____	_____
Sling Bag with 'Proud to be a Nurse' - 'WeRPN' imprint Color **Black**	**$ 26.00**	_____	_____
Therm-O-Snack Insulated Bag Color **Royal Blue** with 'WeRPN' imprint	**$ 8.00**	_____	_____
RPN Pin Gold color or Blue background	**$ 10.00**	_____	_____
RPN Pin & badge holder Gold color or Blue background	**$ 10.00**	_____	_____

sub Total # 1: **(a)** $ _____

Shipping & Handling (flat rate): **(b)** $ **14.00**

Sub -Total # 2: [add (a) + (b)] **(c)** $ _____

HST 13% (of c) **(d)** $ _____

TOTAL [add (c) + (d)] $ _____

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 #: