

PERSONAL INFO:

First name: _____ Last name: _____
Address: _____ Apt/Unit #: _____
City: _____ Province: _____ Postal Code: _____
Home phone: _____ Cell: _____
Personal e-mail: _____ Birth date: _____ Graduation date: _____
MM/DD/YY MM/DD/YY

College of Nurses Registration Number: _____

Note: having a CNO Registration number is mandatory for all RPNs

Previous WeRPN Membership Number: _____

Please include if applicable

Please indicate if you work:

- Full time Part time Casual Retired

Please identify if you are a member of a union:

- CUPE SEIU OPSEU CLAC ONA
 UNIFOR Local # _____ Other _____

Please identify the sector(s) you work in:

- Community/Home Care Acute Care/Hospital
 Primary care Long-Term Care Independent business
 Other _____

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. **I agree to receive email from WeRPN:**

- 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

MEMBERSHIP DETAILS AND BENEFITS:

Full year membership is valid from July 1, 2026 to June 30, 2027.
Half year memberships are valid from July 1, 2026 to December 31, 2026 or January 1, 2027 to June 30, 2027.

All membership levels include:

- WeRPN membership card
- Digital subscription to *We Are Practical Nursing* magazine
- Access to all member benefits, including partner savings and discounts

Regular (Full & Half Year), Senior (65+), and New Grad* memberships provide you with these additional benefits:

- Malpractice and legal defense insurance coverage as stipulated by WeRPN policy
- Nominating and voting privileges

Non-practicing membership

Requires a non-practicing class with the CNO. Additional benefits:

- Nominating and voting privileges

Associate 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.

Associate Class 2:

Must be a regulated health professional in Ontario as listed in RHPA.

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 fee is not refundable and not transferable. NSF items are subject to a \$25 administrative charge.

*Note:

To qualify for the New Grad membership, new graduates must have completed registration with the College of Nurses of Ontario (CNO) and have obtained a CNO registration number within the past 24 months. This membership is available one-time only.

SINGLE PAYMENT MEMBERSHIP Select only one type

	WeRPN Fee	HST (Tax)	Total
<input type="checkbox"/> Regular – Full Year	\$262.08	\$34.07	\$296.15
<input type="checkbox"/> Regular – Half Year	\$138.97	\$18.07	\$157.04
<input type="checkbox"/> Senior (65+)	\$131.04	\$17.04	\$148.08
<input type="checkbox"/> New Grad Registered with CNO	\$131.04	\$17.04	\$148.08
<input type="checkbox"/> Non-Practicing Registered with CNO	\$131.04	\$17.04	\$148.08
<input type="checkbox"/> Associate Class 1	\$198.52	\$25.81	\$224.33
<input type="checkbox"/> Associate Class 2	\$145.67	\$18.94	\$164.61

PRE-AUTHORIZED FULL- YEAR PAYMENT PLAN (PAP)

WeRPN offers a pre-authorized payment plan to pay your membership fees in monthly installments. Available for Regular, Senior and New Grad memberships.

	First payment inc'l HST for the year	Monthly payments	Total
<input type="checkbox"/> Regular \$22.84/month	\$58.47	\$22.84	\$309.71
<input type="checkbox"/> Senior (65+) \$11.92/month	\$30.52	\$11.92	\$161.64
<input type="checkbox"/> New Grad \$11.92/month	\$30.52	\$11.92	\$161.64

The HST for your yearly membership fee will be included in your first installment. Therefore, when you join before July 1st, you will be charged HST on the total membership fee.

Subsequent installments will be charged on every first of the month. If you join later in the membership year, your first installment will be adjusted to accommodate the difference.

For example: If you join as a regular membership in August, your first installment will be \$45.68 (2 months of fees) plus the HST on the total membership fee.

Only available to members who have an up-to-date account balance.
\$1 monthly admin fee is included with your Pre-authorized payment plan

I WISH TO DONATE:

Amount \$ _____	To the Education Trust Fund _____
Amount \$ _____	For WeRPN Public Relations _____
Signature _____	Date _____

For office use only:

Date Received	Sum Enclosed	Deposit No.
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PAYMENT METHOD Select only one method

- Visa or Mastercard: single payment
- Visa or Mastercard: recurring yearly payment
I authorize WeRPN to collect a yearly membership fee payment on July 1st, every year. My membership will continue indefinitely until I send a written notice of cancellation.
- Visa or Mastercard Payment Plan (PAP): single year
- Visa or Mastercard Payment Plan (PAP): recurring monthly payment
Authorization will continue indefinitely until cancelled by me/us in writing at the end of any WeRPN membership year (June 30).

Visa Mastercard

Cardholder Name: _____

Card #: _____ CVV: _____

Expiry Date MM/YY: _____ Signature: _____

Card billing address – required if different from your mailing address

Address: _____ Apt/Unit #: _____

City: _____ Prov: _____ Postal Code: _____

- Cheque/money order: single payment for 2026/2027
Please make payable to Registered Practical Nurses Association of Ontario
- Pre-authorized Debit: Payment Plan (PAP) single year
Authorization expires June 30, 2027. Enclose copy of your cheque marked "VOID".
- Pre-authorized Debit: Payment Plan (PAP) recurring monthly payment
Authorization will continue indefinitely until cancelled by me/us in writing at the end of any WeRPN membership year (June 30). Enclose copy of your cheque marked "VOID".

Signature: _____ Date: _____

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. You authorize us to collect, use, release, and exchange any personal information necessary to fulfill any obligations relating to withdrawals made from your bank/credit card account. **This authorization may be withdrawn in writing, ten (10) business days prior to the subsequent withdrawal date and any outstanding balance is due immediately.** For joint account, all depositors must sign if more than one signature is required on cheques issued against the account.

If your bank/ financial institution does not honour this pre-authorized debit, we will attempt to withdraw that payment again within 20 days. If the payment is not honoured, it will be withdrawn with your next month's pre-authorized debit if applicable.

Note:
Three rejected (PAP) payments cancels eligibility for the plan for the duration of the year and members will be required to remit payments of the outstanding balance immediately. Non-payment will result in cancellation of your membership.