



# Canadian Nurses for Health and the Environment (CNHE)

## Membership Form

Subscription Type  New  Renewal

CNA Member  Yes  No

Title  Dr.  Ms.  Mrs.  Mr.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone Office \_\_\_\_\_

Home \_\_\_\_\_

Fax \_\_\_\_\_

Email address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Current Position \_\_\_\_\_

### Membership Options

- RNs.....\$35
  - Supporters.....\$35
  - Retired nurses, student(s).....\$15
- \*Affiliate or Group membership (one vote per group)
- \$35: (1-10 people)
  - \$50: (11-20 people)
  - \$75: (>20 people)

*\* Please note: Affiliate members have no voting rights.*

Signature \_\_\_\_\_

Please make cheques payable to **Canadian Nurses for Health and the Environment**  
c/o Naomi Higenbottam, 7646 County Road 14 RR#1 Tottenham, ON L0G 1W0