

# Canadian Association for Nursing Research

c/o Patrice Drake, Treasurer  
UPEI School of Nursing, Health Sciences Building  
550 University Ave.  
Charlottetown, PE, C1A 4P3



## Membership Form

Membership Type / abonnement:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal		
CNA Member / Membre de l'AIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Title / Titre:	<input type="checkbox"/> Dr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> MR
Last Name / Nom de Famille:	_____			
First Name / Prénom :	_____			
Street / Rue :	_____			
City / Ville :	_____			
Province :	_____			
Postal Code / Code Postal :	_____			
Telephone :	Home / Maison :	_____		
	Office / Bureau :	_____		
Email Address / Adresse poste électronique	_____			
Place of Employment/Employeur :	_____			
Current Position :	_____			
Membership Option / Option d'adhésion :	<input type="checkbox"/>	Regular Membership.....	\$ 35	
	<input type="checkbox"/>	3 year Regular Membership... ..	\$100	
	<input type="checkbox"/>	Affiliate Membership.....	\$ 20	
	<input type="checkbox"/>	Student/Retiree.....	\$ 20	

Please make cheques payable to Canadian Association for Nursing Research and send form and cheque to:  
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