



ONTARIO NURSES' ASSOCIATION



APPLICATION FOR MEMBERSHIP IN ONTARIO NURSES' ASSOCIATION

APPLICATION FROM _____
FOR MEMBERSHIP WITH THE ONTARIO NURSES' ASSOCIATION

DATE _____ WITNESS _____

MEMBER PORTION - KEEP TOP PORTION AS TEMPORARY VERIFICATION

FORWARD BOTTOM PORTION OF PART 1 (WHITE) TO HEAD OFFICE

NAME <small>(last, first, middle initial)</small>		FULL-TIME <input type="checkbox"/>	PART-TIME /CASUAL <input type="checkbox"/>
SOCIAL INSURANCE NUMBER		RN <input type="checkbox"/>	ALLIED <input type="checkbox"/>
COLLEGE REGISTRATION NUMBER		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
MAILING ADDRESS		ENGLISH <input type="checkbox"/>	FRENCH <input type="checkbox"/>

COURIER ADDRESS	
HOME PHONE: ()	HOME E-MAIL
EMPLOYER	LOCAL NUMBER
SITE	WORK PHONE ()

I, THE UNDERSIGNED:

- A) APPLY FOR MEMBERSHIP IN THE ONTARIO NURSES' ASSOCIATION AND AGREE TO ABIDE BY ITS CONSTITUTION AND BYLAWS
- B) AUTHORIZE THE ONTARIO NURSES' ASSOCIATION TO BE MY EXCLUSIVE BARGAINING AGENT.

SIGNED _____

ON BEHALF OF THE ONTARIO NURSES' ASSOCIATION, I HEREBY ACCEPT THIS APPLICATION.

SIGNED _____
(WITNESS)