



CANAC
Canadian Association
of Nurses in AIDS Care
ACIIS
Association canadienne
des infirmières et infirmiers
en sidologie

CANADIAN ASSOCIATION OF NURSES IN AIDS CARE

2006/07 MEMBERSHIP APPLICATION / RENEWAL FORM

Please print all information clearly

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

Work Phone: () _____ Work Fax: () _____

Home Phone: () _____ Home Fax: () _____

Preferred language (check one): English French

Ontario Nurses: Are you a member of the RNAO? Yes No
(Required for our annual report to the Canadian Nurses Association)

Electronic communication: In response to the increasing demand for electronic access to information, CANAC is developing its capacity to communicate with members electronically (e.g. email and website postings).

Your e-mail address: _____

Would you prefer to receive the CANAC Newsletter by (check one): E-Mail or Regular Mail

How did you hear about CANAC?

Renewing Member At a Conference CANAC Website Friend / Co-Worker
 Other (please specify): _____

Are you a member of ANAC (USA)? Yes No

Are you an ACRN (AIDS Certified Registered Nurse - USA)? Yes No

If available, would you consider applying for Canadian certification in HIV/AIDS Nursing?

Yes No Not sure

Use of Membership Information: The use of membership mailing lists by external groups or individuals is strictly controlled by CANAC policy. The purpose of use and materials for distribution must be consistent with the mission of CANAC. In all cases, membership mailing lists are supplied in printed form (i.e. address labels) only. CANAC policy prohibits the release of membership data in electronic form.

May we share your contact information with other CANAC members? Yes No

Do you wish to be included in mailing lists approved for external use? Yes No

(Continue on reverse)

PROFESSIONAL INFORMATION

