



APPLICATION FOR MEMBERSHIP IN ONTARIO NURSES' ASSOCIATION

APPLICATION FROM _____ (last name, first name, middle initial)
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 (last, first, middle initial) SOCIAL INSURANCE NUMBER COLLEGE REGISTRATION NUMBER MAILING ADDRESS
FULL-TIME RN MALE ENGLISH PART-TIME /CASUAL ALLIED FEMALE FRENCH

COURIER ADDRESS HOME PHONE (if different than above) 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.
DATE _____ SIGNED (WITNESS) _____