



**New Brunswick
Occupational Health
Nurses Group**

**Regroupement des infirmières
et infirmiers en santé au travail
du Nouveau-Brunswick**

MEMBERSHIP APPLICATION Year 2016

Please complete and remit this form with your cheque or money order payable to "New Brunswick Occupational Health Nurses Group" or "NBOHNG" and forward to:

Beth Folkins, NBOHNG/RIISTNB - Membership Chairperson
1818 Route 870, Springfield, N.B. E5T 2J2
Email: bethany.folkins@irvingoil.com

IMPORTANT: If the question does not pertain to you, please put in N/A
If completing form on computer, please delete the lines

Name _____ Home Telephone _____
Please print

Address & Postal Code _____

Place of Employment _____ Work # _____

Address & Postal Code _____

Email Address _____ Fax Number _____

Position _____ Years in Nursing _____ Years in Occ Nursing _____

Are you a member of N.A.N.B. or other nursing association? Yes No **Please enclose copy of your 2016 registration**

Do you hold a diploma or certificate in Occupational Health Nursing? Yes No

Do you hold certification in Occupational Health (COHN(C))? Yes No OH Certification # _____

May we have your permission to provide your email address to surveys endorsed by the Canadian Occupational Health Nurses Association? Your survey response is voluntary. **Yes No**

Membership Status Requested

_____ Active Membership \$40.00
_____ Associate Membership \$30.00
_____ Late Renewal (after January 31, 2016) \$50.00

_____ Retired Membership \$20.00
_____ Student Membership \$20.00 Your University _____

MEMBERSHIP FEE MUST BE RECEIVED TO COMPLETE REGISTRATION

If you have any questions, please e-mail Beth at Bethany.folkins@irvingoil.com

OFFICE USE ONLY

Date Received _____ Cheque # _____ Credit Care _____ Cash _____

Receipt # _____ Memb Card _____ Sent _____ Signature _____