



**New Brunswick  
Occupational Health  
Nurses Group**

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

## MEMBERSHIP APPLICATION Year 2018

You may register/pay electronically or 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**  
340 Loch Lomond Road, Saint John, NB, E2L 4H6

Email: [beth\\_atherton@hotmail.com](mailto:beth_atherton@hotmail.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 2018 registration

Circle your highest level of RN preparation (requested by CNA): Diploma BN MN NP PhD

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 the Canadian Occupational Health Nurses Association for important communications in 2018? Your email with not be shared with other organizations.

Yes No

### Membership Status Requested

_____ Active Membership \$40.00
_____ Associate Membership \$30.00
_____ Active Membership (after July -20.00)

_____ Retired or Student Membership \$20.00
Name of University _____

### MEMBERSHIP FEE MUST BE RECEIVED TO COMPLETE REGISTRATION

If you have any questions, please e-mail Beth at [beth\\_atherton@hotmail.com](mailto:beth_atherton@hotmail.com)

If using credit card # \_\_\_\_\_ exp \_\_\_\_\_

#### OFFICE USE ONLY

Date Received \_\_\_\_\_ Cheque # \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_ E-Transfer \_\_\_\_\_

Receipt # \_\_\_\_\_ Memb Card \_\_\_\_\_ Sent \_\_\_\_\_ Signature \_\_\_\_\_