



New Brunswick Occupational Health Nurses Group
Regroupement des Infirmières et Infirmiers en Santé du Travail du
Nouveau-Brunswick

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MEMBERSHIP APPLICATION Year 2009

Please take a minute to register for the coming year by completing the following steps:

1. Complete this form,
2. Please remit this form with your cheque or money order payable to "**New Brunswick Occupational Health Nurses Group**" or "**NBOHNG**" and forward to:

Margaret Anderson: NBOHNG/RIISTNB Treasurer
44 Randall Drive,
Hampton, N.B.
E5N 8A9
Phone (H-506-832-5397) email: margjoe@nb.sympatico.ca

IMPORTANT: If the question does not pertain to you, please put in N/A

Name _____ **Home Telephone** _____
Please print

Address & Postal Code _____

Place of Employment _____

Work # _____

Address & Postal Code _____

Email Address _____ **Fax Number** _____

Position _____ **Number of Years in Field** _____

Are you an N.A.N.B. Member? Yes No US Certification reciprocity? Yes No
(circle one) (circle one)

Do you hold a certification in Occupational Health (COHN(C))? Yes No
(circle one)

OH Certification # _____

Do you hold a diploma in Occupational Health Nursing? Yes No
(circle one)

***Do you give consent to share you e-mail address with the COHNA ? Yes No** (circle one)

***Do you wish your name added to receive information from outside agencies when requested ?**

Yes No
(circle one)



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Membership Status Requested

- _____ **Active Membership \$40.00**
_____ **Associate Membership \$30.00**
_____ **Late Renewal (after January 31, 2008) \$50.00**
_____ **Retired Membership (\$20.00)**
_____ **Student Membership (\$20.00)**
_____ **Life Membership (No Fee)**
_____ **Honorary Membership (No Fee)**

MEMBERSHIP FEE MUST BE RECEIVED TO COMPLETE REGISTRATION.

If you have any questions or comments, please phone or e-mail
Margaret Anderson @ 506-832-5397 margjoe@nb.sympatico.ca

or

Karen Mazerolle @ 506-524-6309 Ext 1074 karen.mazerolle@imperialgroup.ca

OFFICE USE ONLY

Date Received _____ **Cheque** _____ **Money Order** _____

Signature _____