



## Membership Application Form

### Name:

	<b>First Name</b>	<b>Last Name</b>	
<b>Ms. Mr. Dr.</b>			
	Title	Organization	
	Mailing Address	City/Province	Postal Code
( ) -	( ) -	Email Address	
Phone Number	Fax Number		

Member of the College of Registered Nurses of Manitoba    Yes     No

Member of the Canadian Nurses Informatics Association    Yes     No

Please check boxes as appropriate:

	Interests	Expertise
System development and design	<input type="checkbox"/>	<input type="checkbox"/>
Clinical information systems	<input type="checkbox"/>	<input type="checkbox"/>
Workload measurement systems	<input type="checkbox"/>	<input type="checkbox"/>
Electronic health records	<input type="checkbox"/>	<input type="checkbox"/>
Emerging technologies	<input type="checkbox"/>	<input type="checkbox"/>
Information management/decision support	<input type="checkbox"/>	<input type="checkbox"/>
System analysis/evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Tele-health	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

I would be willing to release my name and contact information to other members and/or non-members of MNIA should a request be made for a resource in the area of interest/expertise checked on page one.

**Sign if you consent to release of name and contact info:** \_\_\_\_\_

**Membership Fees**

Regular \_\_\_\_ \$20.00

Associate \_\_\_\_ \$20.00

Student \_\_\_\_ \$10.00

Retired \_\_\_\_ \$10.00

Please indicate if this payment is by cheque \_\_\_\_ or cash \_\_\_\_\_

**Payment**

Please complete this application form and forward it with a cheque payable to: Manitoba Nursing Informatics Association

**To:**

Chair, Membership Committee  
Manitoba Nursing Informatics Association  
C/o College of Registered Nurses of Manitoba  
890 Pembina Hwy.  
Winnipeg, Manitoba  
R3M 2M8

**Note:**

The membership year runs January 1<sup>st</sup> through December 31<sup>st</sup>.

Signature \_\_\_\_\_ Date \_\_\_\_\_