



FNHMA Certified Annual Renewal Fee

First Name:	Last Name:	FNHMA Member #
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Organization Name:	Position:
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Organization Address:

City:	Province:	Postal Code:
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Work Phone:	Work Fax:	Work Email:
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Home Address:

City:	Province:	Postal Code:
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Home Phone:	Mobile Phone:	Home Email:
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I have read the FNHMA Standards of Ethical Conduct and certify that I am in compliance.
 Signature: _____ Date: _____

Annual Renewal Fee: Must be paid annually or designation will be suspended until back in good standing.

Certified: \$300

I have included my MOC Form as proof of compliance with the association's maintenance of certification policy.

Tax is based on your province of residence. Please select one:	Membership fee including applicable taxes:
<input type="checkbox"/> AB, BC, MB, NT, NU, QC, SK, YT (5% GST)	\$315.00
<input type="checkbox"/> ON (13% HST)	\$339.00
<input type="checkbox"/> NB, NF, NS, PE (15% HST)	\$345.00
<input type="checkbox"/> GST/HST exempt (no tax) *	\$300.00

*I have included a letter of exemption from my employer or a copy of my status card (you must have an on-reserve mailing address)

<input type="checkbox"/> Sponsored	Sponsor/Organization Name:
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I have enclosed a cheque payable to: **FNHMA** (please make sure to include who and what the cheque is for)

Credit Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry Date:	Total Amount:
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Name on Card:	Cardholder Signature:
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