



FNHMA Membership Application

First Name:		Last Name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. Designations:	
Organization Name:			Position:		
Organization Address:					
City:		Province:		Postal Code:	
Work Phone:		Work Fax:		Work Email:	
Home Address:					
City:		Province:		Postal Code:	
Home Phone:		Mobile Phone:		Home Email:	

FNHMA Membership Directory

Joining FNHMA's Membership Directory allows you to network and share best practices with fellow First Nations Health Managers from across the country. Would you like your primary address listed in our online **members only** Membership Directory?*

YES NO

** Please note that if neither option is chosen the default option be yes*

Membership Type and Fee: Please select one:

<input type="checkbox"/> Candidate:	\$175	
<input type="checkbox"/> Individual Associate:	\$175	<i>For Corporate categories contact the Chief Executive Officer</i>

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)	\$183.75
<input type="checkbox"/> ON (13% HST)	\$197.75
<input type="checkbox"/> NB, NF, NS, PE (15% HST)	\$201.25
<input type="checkbox"/> GST/HST exempt (no tax) *	\$175.00

*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:
Name on Card:			Cardholder Signature: