



First Nations Health Managers Association
Association des gestionnaires de santé des Premières Nations

FNHMA Membership Renewal			
First Name:		Last Name:	FNHMA Member #
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:	
<u>FNHMA Membership Directory</u> 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?*			
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>* Please note that if neither option is chosen the default will be yes</i>			
Membership Type: Please select one:			
<input type="checkbox"/> Candidate			
<input type="checkbox"/> Individual Associate			
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	
<input type="checkbox"/> *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"/> Invoice needed	Sponsor/Organization Name:		
<input type="checkbox"/> Cheque enclosed/mailed payable to "FNHMA"			
Credit Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		Expiry Date:	Total Amount:
Name on Card:		Cardholder Signature:	