First Nations Health Managers Association

Association des gestionnaires de santé des Premières Nations

MEMBERSHIP RENEWAL	**Your membership fee for April 1, 2023 to March 31, 2024 is now due.** Original Invoice Date:

Current primary address and phone number: **Tel:** **Email:**	Please make any changes to your primary address here: _____ _____ _____
Current secondary address and phone number*: **Address:** **Tel:** **Mobile:** **Email:** **Secondary address will only be used in the event that we cannot contact you at your primary address.*	Please make any changes to your secondary address here: _____ _____ _____

CFNHM Members Only: I have completed 20 hours of continuing professional development as per the association's maintenance of certification policy which can be found on the FNHMA website at www.fnhma.ca. ☐

MEMBER TYPE: **MEMBER NUMBER:** MEMBERSHIP FEE: ☐ Candidate: $175.00 ☐ Certified: $300.00 APPLICABLE TAXES: If you are tax exempt, please provide tax exemption letter and/or copy of your status card. **TOTAL MEMBERSHIP FEE:**	**Volunteering with FNHMA** ☐ **Marking of exams** ☐ **Developing exams** ☐ **PLAR Assessor** ☐ **Forum moderator**	☐ **Professional services committee member** ☐ **Member services committee member** ☐ **Health issues advisory committees**

PAYMENT INFORMATION

PAYMENT MADE BY: ○ CHEQUE ENCLOSED (PLEASE MAKE CHEQUES PAYABLE TO **FNHMA**)

○VISA ○MASTERCARD CARD NUMBER | | | | | | | | | | | | | | | |	EXPIRY DATE: /	SIGNATURE:
NAME ON CARD:		AMOUNT PAID $

I have read the FNHMA Standards of Ethical Conduct and certify that I am in compliance.

Signed: **Date:**

RENEW ONLINE AT: **www.fnhma.ca**	**MAIL RENEWAL FORM TO: FNHMA** **211 Akwesasne International Rd.** **Akwesasne, ON K6H 0G5**	**FAX RENEWAL FORM TO:** **613-319-8092**	**EMAIL RENEWAL FORM TO:** **info@fnhma.ca**