



*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:  
\_\_\_\_\_  
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**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](http://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**

<input type="checkbox"/> <b>Marking of exams</b>	<input type="checkbox"/> <b>Professional services committee member</b>
<input type="checkbox"/> <b>Developing exams</b>	<input type="checkbox"/> <b>Member services committee member</b>
<input type="checkbox"/> <b>PLAR Assessor</b>	<input type="checkbox"/> <b>Health issues advisory committees</b>
<input type="checkbox"/> <b>Forum moderator</b>	

**PAYMENT INFORMATION**

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

<input type="radio"/> VISA <input type="radio"/> MASTERCARD	<b>EXPIRY DATE:</b>	<b>SIGNATURE:</b>
CARD NUMBER	/ /	
<b>NAME ON CARD:</b>	<b>AMOUNT PAID \$</b>	

**I have read the FNHMA Standards of Ethical Conduct and certify that I am in compliance.**  
**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>RENEW ONLINE AT:</b> <a href="http://www.fnhma.ca">www.fnhma.ca</a>	<b>MAIL RENEWAL FORM TO:</b> <b>FNHMA</b> 341 Island Road, Unit E Akwasasne, ON K6H 5R7	<b>FAX RENEWAL FORM TO:</b> 613-319-8092	<b>EMAIL RENEWAL FORM TO:</b> <a href="mailto:info@fnhma.ca">info@fnhma.ca</a>
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