



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

MEMBERSHIP RENEWAL	Your membership fee for April 1, 2019 to March 31, 2020 is now due. Original Invoice Date: _____
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<p>Current primary address and phone number:</p> <p>Tel: _____ Email: _____</p>	<p>Please make any changes to your primary address here:</p> <p>_____ _____ _____</p>
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<p>Current secondary address and phone number*: Address: _____</p> <p>Tel: _____ Mobile: _____ Email: _____</p> <p><i>*Secondary address will only be used in the event that we cannot contact you at your primary address.</i></p>	<p>Please make any changes to your secondary address here:</p> <p>_____ _____ _____</p>
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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.

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

PAYMENT INFORMATION

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

<input type="radio"/> VISA <input type="radio"/> 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 341 Island Road, Unit E Akwasasne, ON K6H 5R7	FAX RENEWAL FORM TO: 613-319-8092	EMAIL RENEWAL FORM TO: info@fnhma.ca
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