



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

MEMBERSHIP APPLICATION

Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. Designations:
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Home Address:	City:	Province:	Postal Code:
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Home Phone: ()	Mobile: ()	Home Email:
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Organization Name:	Position:
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Organization Address:	City:	Province:	Postal Code:
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Work Phone: ()	Work Fax: ()	Work Email:
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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 will be to have your information included.*

Type of Membership:	Membership Fee:
<input type="checkbox"/> Candidate Member	<input type="checkbox"/> \$175.00
<input type="checkbox"/> Corporate - Individual Associate Member	<input type="checkbox"/> \$175.00
For other Corporate categories of membership contact the Chief Executive Officer	

Total Membership Fee with taxes included:
Tax is based on your province of residence. Please select one :

<input type="checkbox"/> QC, AB, SK, MB, BC, NWT, NV, YK (5% GST added)	\$183.75	<input type="checkbox"/> PEI, (with 14% HST added)	\$199.50
<input type="checkbox"/> ON, NB, NFLD, (with 13% HST added)	\$197.75	<input type="checkbox"/> NS, (with 15% HST added)	\$201.25
<input type="checkbox"/> GST/HST exempt (no tax added)	\$175.00		

Please include proof of tax exemption at time of application (A letter of exemption from your employer and/or a copy of your status card – you must have an on-reserve mailing address)

I have enclosed a cheque payable to "FNHMA" Visa MasterCard

Card Number:	Expiry Date: /	Signature:
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Name on Card:	Amount Paid:
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