



Canadian Federation of Mental Health Nurses

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2012 MEMBERSHIP FORM

(Effective January 1st to December 31, 2012)

Mail to Home Mail to Work

Please provide all requested information

Name _____ Phone _____

Home Address _____ Apt. # _____

City _____ Prov. _____ P.C. _____

E-mail _____ **NOTE: Email is important as we are exploring new ways to connect with our membership**

Place of Employment: _____

Address: _____

Position: _____

Work Phone: _____ Fax: _____

\$40.00 Individual Membership

or

\$20.00 Student Membership (must provide proof of registration)

or

\$30 each for 5 members from one agency (Please photocopy form for multiple memberships)
***(must register at same time)**

Payment can be made by personal or institutional cheque or money order. Make Payable to: CFMHN

Or use your credit card:

VISA MasterCard

Card #: _____ Expiry Date: _____

Signature: _____

MAIL TO: CFMHN, 1 Concorde Gate, Suite 109, Box 26, Toronto, Ontario M3C 3N6