

# PANBC Membership Application



Full name \* \_\_\_\_\_

Address \* \_\_\_\_\_

City \* \_\_\_\_\_

Postal Code \* \_\_\_\_\_

Phone number \* \_\_\_\_\_

Facility of employment \* \_\_\_\_\_

Position \* \_\_\_\_\_

E-mail address \* \_\_\_\_\_

By signing up for membership, you are consenting to receiving emails from PANBC, including our signature newsletter

**PANBC #**

\_\_\_\_\_

For renewal only (Leave blank if unsure)

**NAPAN#**

\_\_\_\_\_

(Leave blank if unsure)

**Are you currently a Registered Nurse? \***

- Yes
- No

**Would you be interested in becoming a regional representative?**

You would be involved in distributing the newsletter; putting up posters in your practice area (no spam will be sent)

- Yes
- No

**What type of membership would you like? \***

- Active \$35
- Renewal \$35
- Associate (non-RN) \$25
- Student \$20



**Active Membership: \$35**

The Registered Nurse who is currently registered with the CRNBC and who is actively working in an environment where perianesthetic nursing is practiced or has a vested interest in the perianesthetic care of clients,(Management and Research included). Active Members have the right to vote, hold office and serve on committees.



**Associate Membership: \$25**

The health care practitioner who is not a Registered Nurse, who is working in an institution where perianesthetic nursing is practiced, but may not directly care for patients in a perianesthetic area, but has a vested interest in the perianesthetic care of clients. Associate members are not eligible to hold office or to vote, but may serve on committees.



**Student Membership: \$20**

Future health care practitioner who is not eligible for active or associate membership.