



CNCA Membership Form

The membership year will go from January 1, to December 31, A receipt will be e-mailed to you and a Member Directory will be e-mailed to you in the New Year.

Name: _____

Mailing Address: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Are you a member of CNA? Yes No
(i.e. Are you a member of your Provincial Nursing Association)

Membership in CNCA as follows:

Full membership: \$50.00
Registered nurses who have achieved the recognized educational certification as a Nurse Continence Advisor and maintain their specialist competency through continuing education and clinical practice.

Associate Member \$50.00
Any NCA who may not be currently working in the role or have enough hours or the CE/CI Practice or may be retired but who wants to remain a voting member

Affiliate member: \$ 40.00
Any nurse (RNs, RPN/LPNs, NPs,) and regulated health care professionals/partners interested in continence care and management issues

Student member: \$20.00
A student registered in the NCA program

Honorary membership may be conferred at the discretion of the Board of CNCA

I have completed the educational and number of assessments required for full membership.

Signature Date

Please make cheque payable to: "Canadian Nurse Continence Advisor Association"

Please mail to: Dr. Jennifer Skelly, President
Canadian Nurse Continence Advisor Association
St. Joseph's Healthcare, CAHS
2757 King Street East
Hamilton, Ontario, L8G 5E4