



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.

CNCA CORPORATE MEMBERSHIP FORM

Company Name _____	
Representative _____	
Mailing Address _____	
Phone _____	Fax _____
E-Mail Address _____	

Signature

Date

**** Please complete ensure that the contact information is complete and up to date as this will be included in the CNCA Directory for the coming year.**

CORPORATE MEMBERSHIP FEES

- **Level 1 Corporate Membership (\$1000.00)** – includes inclusion in the CNCA Membership Directory, acknowledgement on the CNCA web page, attendance at the Bi-annual Meeting of the Board of CNCA as Corporate Advisor, opportunity to discuss product concerns/ideas with CNCA board members.
- **Level 2 Corporate Membership (\$600.00)** – includes inclusion in the CNCA Membership Directory, and acknowledgement on the CNCA web page.

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, King Campus
2757 King Street East
Hamilton, Ontario L8G 5E4**