

MEMBERSHIP APPLICATION**APPLICANT INFORMATION****MEMBERSHIP ID:** _____

First Name:	Last Name:	Date of birth (D/M/Y):
Cell Phone:	Home Phone:	Home Fax:
Home Email:	Anticipated year of retirement (Approximate year): _____	
Home address:		
City:	Province/State:	Postal/ZIP Code:
		Country:

EMPLOYMENT INFORMATION

Current employer:			
Work Phone:	Work E-mail:	Work Fax:	
Work Address:			
City:	Province/State:	Postal/ZIP Code:	Country:

Preferred mailing address? Home Office

MEMBER CATEGORY: **Member:** ETN , Honorary-Life
Associate: Student-ETNEP , Retired RN , Other Healthcare Professional
 Industry , Honorary-Life , Student-Full Time Nursing , International

PROFESSIONAL STATUS: RN (REG # _____) NP MD PT OT OTHER _____**ET EDUCATION:** PROGRAM _____ YEAR _____ ET SINCE _____ CETN(C) **MEMBER OF:** CNA (MAY BE INCLUDED IN PROVINCIAL ASSOCIATION MEMBERSHIP) CAWC UOAC
 OTHER _____ WOCN WCET**EMPLOYMENT****(√ all that apply)****Areas of practice:**Ostomy (Peds, Adult, Ileostomy, Colostomy, Urostomy, Other _____)Wound (Peds, Adult, Surgical, PU, VLU, DFU, Fistula, Other _____)Continence (Peds, Adult, Urinary, Fecal, Catheters, Urodynamics, Other _____)**Workplace:** Acute Care/Hospital , LTC/Rehab , Community/Home Care , Public Health ,
Self-Employed , University/College , Industry/Business , Other _____**ET Position:** Staff , Manager , CNS , Nurse Clinician , Consultant , Other _____**Responsible Areas:** Direct patient care Administration Education Research Infection control Quality assurance Medicine Surgery Oncology Peds Gerontology Other _____**Areas of interest:** Direct patient care Administration Education Research Infection control Quality assurance Medicine Surgery Oncology Peds Gerontology Other _____

MEMBERSHIP APPLICATION

EDUCATION (HIGHEST LEVEL ACHIEVED)

Nursing: Diploma , Baccalaureate , Masters , Doctorate , Other _____

Non-Nursing: Certificate , Diploma , Baccalaureate , Masters , Doctorate , Other _____

PRECEPTORSHIP/MENTORSHIP

Interested in: Ostomy Wound Continence

Expertise in: Ostomy Wound Continence

What journals do you subscribe to (state all):

Would you like to: Work on a committee, developing Best Practice Recommendations within CAET?

Work on Marketing and Promoting CAET?

Write article for the LINK

Be involved by participating in the CAET Core Programs

How can CAET help to meet your needs/learning goals as an ET Nurse?

Please rank CAET's Core Programs according to their importance to you (1-5) where 1= most important, 5= least important:

Informatics & Research_____, Professional Development & Practice_____

Marketing_____, Political Action & Policy_____, National Conference Planning_____

MEMBERSHIP FEES

Member: ETN \$100 Honorary-Life \$0

Associate: Student (Full-time ETNEP) \$100 Retired ETN \$50 Other Healthcare Professional \$90
Industry \$175 Honorary-Life \$0 International \$90 Student (Full-time Nursing) \$50

** The addition of the JWOCN journal fees (\$46) are automatically added unless the following is indicated:
WOCN Member # _____ JWOCN subscription # _____ (Honorary/Student/Retired opt out)

Total Fee Payable: \$ _____

Make cheque payable to CAET, print form and mail to:

**CAET
66 Leopolds Drive
Ottawa, ON K1V 7E3**

I consent to having my contact information listed in the CAET Membership Database, which is password protected for CAET members: YES NO

For ETNs only

I consent to being listed in CAET's "FIND AN ET" program online (no contact information will be available to individuals seeking an ETN): YES NO

Signature of applicant (If printing for mailing)

Date (YYYY/MM/DD): ____/____/____