



Application for AOHNNL Membership

Member Contact Information	
Name:	E-Mail:
Home Phone No:	Work Phone No:
Address:	

Education	
Nursing Institution:	
Nursing Education: RN BN OHN Diploma Other(specify)	
ARNNL Registration Current: Yes No	
OHN Certification: Yes No	Date:
Currently Practicing in Occupational Health: Yes No	
Occupational Health Nursing Practice: _____ Years	
Occupational Health Area of Specialty (optional): ie. DM:	

Employment	
Employer Name:	
Employer Address:	
Position Title:	Department:

Consent	
I consent to receive information and communications related to AOHNNL and COHNA-ACIIST memberships, activities, promotions and services. I consent to release my e-mail address to AOHNNL and COHNA-ACIIST for the purpose of the above noted communications. AOHNNL and COHNA-ACIIST will not distribute e-mails to other organizations. Consent can be withdrawn at anytime by contacting kellynichols@nlh.nl.ca .	
Signature:	Date:

For Office Use Only			
Year: 2019-2020		Fee: \$25.00	
Application Approved: Yes No		Date:	
Payment Method	Cash:	Cheque:	E-Transfer:
Receipt Issued:		Date:	

Credit card payments not accepted.

Mail Applications and Payment to:

Association of Occupational Health Nurses Newfoundland and Labrador

ARNNL House

55 Military Road

St. John's, NL A1C 2C5