



Canadian Association of
Hepatology Nurses

Association Canadienne
Des Infirmieres D'Hepatologie

CAHN MEMBERSHIP FORM

To become a CAHN member please mail this complete form, along with \$50.00 (cheque or money order) membership fees to:

Lori Lee Walston, Treasurer
506 Fader Street
New Westminster, BC
V3L 3T5

Thank you for your interest in joining CAHN. CAHN's vision is the promotion of leadership, clinical practice, education and research in Hepatology nursing.

CAHN is a national professional organization that represents and supports nurses across Canada who practice in Hepatology.

Contact Information

First Name:		Last Name:	
Phone #:		Email Address:	

Mailing Address:

Street Address:			
City:		Province:	
		Postal Code:	

Professional Information

Place of Work:			
Nurse Registration:		Specialization:	
CNA Membership:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Would you be interested in contributing to CAHN in one or more of these areas?

<input type="checkbox"/> Education Planning	<input type="checkbox"/> Standards and Competencies
<input type="checkbox"/> Conference Planning	<input type="checkbox"/> Membership
<input type="checkbox"/> Special Events	<input type="checkbox"/> Awards
<input type="checkbox"/> Website/Newsletter	<input type="checkbox"/> Finance

Membership Year

2016 2017

Consent to Use and Disclose Personal Information

CAHN would like to establish a nursing directory in the 'Member's Only' section of our website. This will allow CAHN members to network with each other about issues related to hepatology nursing. Offering networking opportunities to our members reinforces CAHN's mission statement by "representing and supporting nurses across Canada who practice in hepatology."

To participate in this initiative, we require your consent to collect, use, disclose and store your personal information for the purposes of networking within CAHN. Disclosures of such information would be limited to its posting on the CAHN website – 'Member's Only' section which is password secure.

CAHN would ask that your personal information include your name, specialty (i.e. hepatitis C treatment nurse, G.I clinic nurse, etc.), employment address, telephone number and email address.

If you have any questions concerning the handling of your personal information, to update the accuracy of your personal information or should wish to revoke your consent please contact CAHN's Vice President at www.cahn.ca.

I have read and understand the terms of use for the CAHN website "members sections." I give my consent to allowing CAHN to collect and use my personal information for the purposes of networking within the organization.