



# Ontario Nurses' Association

85 Grenville Street, Suite 400, Toronto, Ontario M5S 3A2

TEL: (416) 964-8833 FAX: (416) 964-8864

\_\_\_\_\_

(Day/Month/Year)

## APPLICATION FOR LEAP AND/OR MALPRACTICE INSURANCE

### FOR UNITS WITH NO COLLECTIVE AGREEMENTS

**(NOTE: This is a yearly payment which is due in January of each year)**

I am employed at \_\_\_\_\_ and am included in the Bargaining Unit represented by ONA.

- Enclosed is: \_\_\_\_\_ \$36.00 for LEAP  
 \_\_\_\_\_ \$36.00 for Malpractice  
 \_\_\_\_\_ \$72.00 for LEAP & Malpractice

\_\_\_\_\_

Signature

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

LOCAL NUMBER \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

COLLEGE REGISTRATION NUMBER \_\_\_\_\_ - \_\_\_\_\_

SOCIAL INSURANCE NUMBER \_\_\_\_\_ - \_\_\_\_\_

POSITION \_\_\_\_\_ STAFF NURSE \_\_\_\_\_ HEAD NURSE \_\_\_\_\_ ASSISTANT HEAD NURSE

\_\_\_\_\_ OTHER, EXPLAIN \_\_\_\_\_

**AMOUNT (FOR OFFICE USE ONLY) \$**

**DO NOT** send cash in the mail. Please send a cheque/money order payable to: ONTARIO NURSES' ASSOCIATION, Attention: Dues Department, 85 Grenville St, Suite 400, Toronto, ON M5S 3A2.