

**APPLICATION FORM  
RETIRED MEMBERSHIP  
IN THE ONTARIO NURSES' ASSOCIATION**

ONA ID NUMBER \_\_\_\_\_

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

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

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I, THE UNDERSIGNED:

Am applying for Retiree Membership in the Ontario Nurses' Association and I agree to abide by its Constitution. (To qualify for a retiree membership, you must be over 55 and retired from your employer and regular ONA membership)

I previously was a member in good standing at Local \_\_\_\_\_

Enclosed with my application is a cheque for \$25.00 for my annual fees.

SIGNED: \_\_\_\_\_

RETURN COMPLETED FORM TO:

Administrative Services  
Ontario Nurses' Association  
85 Grenville Street, Suite 400  
Toronto, Ontario M5S 3A2