

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

ONA ID NUMBER _____

SOCIAL INSURANCE NUMBER _____

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

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