

# South Island Nursing Footcare Associates (SINFA)

Membership Registration for January 01 to December 31, 2014

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Number for RN / LPN (circle one): # \_\_\_\_\_

Foot Care Practice / Employment : Check all that apply

Employed in private practice foot care

Employed by a healthcare facility/ community health/ or other agency to provide foot care

Employed in other private practice e.g. reflexology

Employed in a staff position in healthcare facility or community agency

Other employment: (describe) \_\_\_\_\_

Are you currently accepting new clients?      Yes      No

Area/ Location of foot care practice: \_\_\_\_\_

Do you wish to participate in the SINFA Telephone Roster to receive new clients in your area?      Yes      No

Submit in person at a meeting or mail to address below, (1) completed membership form, (2) copy of current RN/LPN license, (3) cheque for \$40.00, payable to: South Island Nursing Footcare Associates, and (4) for new applicants: copy of a post graduate nursing foot care program.

SINFA  
c/o Aneil Haere  
246 Sims Ave  
Victoria, BC V8Z 1K3

I would like to be a member of SINFA for the 2014 calendar year and understand attending a minimum of 4 meetings per calendar year (includes the Social in June and December) is a requirement for maintain membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_