

## South Island Nursing Footcare Associates (SINFA)

Membership Registration for January 01 to December 31, 2020

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 (circle your response)?                      YES      NO

Do you wish to participate in the SINFA Telephone Roster for new clients?                      YES      NO

*Please indicate your areas of practice by submitting page 2 with your membership form.*

Submit in person at a meeting

1. completed membership form,
2. copy of current RN/LPN license,
3. cheque for \$50.00 (\$80 if paid after March 1) payable to:  
      "South Island Nursing Footcare Associates"
4. copy of a post graduate nursing foot care program (new applicants only)

I would like to be a member of SINFA for the 2020 calendar year and understand attending a minimum of 4 meetings per calendar year (includes the Social in June and December) is a requirement to maintain membership.

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

MEMBER NAME: \_\_\_\_\_

Indicate areas of service you support:

