IENAA
Internationally Educated Nurses Association of Alberta

Membership Form

Name: _____

Address:_____
_____

Contact Information: Home phone #_____
Cellphone #_____

Email address: _____

Name of the Nursing school, Country and year graduated:
_____

Membership Fee ($20 per year): Pay by Cash: _____ or E transfer_____

Date: _____ Signature: _____

*Please send the completed form and fee to ienaa.nurses@gmail.com

INTERNATIONALLY EDUCATED NURSES ASSOCIATION OF ALBERTA (IENAA)
C/O CHANGING TOGETHER 3RD FLOOR MCCAULEY BUILDING 9538 107 AVENUE, EDMONTON, AB T5H 0T7
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