



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 _____

*Please email the completed form to ienaa.nurses@gmail.com