



Application for ONA Retiree Membership

ONA ID Number:

(As shown on your ONA Member Card)

I am an ONA

Member Retiree

Staff Retiree/Former Member

Not sure what your ID number is?

Please reach out to Dues & Membership Services:
1.800.387.5580 x2200 or MemberChanges@ona.org

Effective Retirement Date:

Last Name:

First Name:

Street Address:

Unit/Apt No.:

Rural Route:

PO Box:

City:

Province:

Postal Code:

Home Phone:

Cell Phone:

Personal Email:

Eligibility for retiree membership, as stated in ONA's Constitution, is determined by your entitlements prior to retirement or if in receipt of a long-term disability program or worker's compensation.

I, THE UNDERSIGNED:

Am applying for Retiree Membership in the Ontario Nurses' Association. I have retired from my employer and agree to abide by ONA's Constitution as a retired member. I understand that my contact information will be collected and stored in accordance with ONA's Privacy Policy at www.ona.org and shared with those coordinating ONA communications and Retiree Network events.

I was previously a member with entitlements at **Local**

Signature: _____

Date: _____

Members who hold the retired membership classification become members of ONA's Retiree Network. From the drop-down menu, select the Region you would like to participate in for the Network. There is an opt-out option should you not want to join.

Please return completed form via email to MemberChanges@ona.org, or mail a printed copy to:

**Attn: Dues and Membership
85 Grenville St., Toronto, ON M5S 3A2**

Within five business days of receiving your application, you will receive an update on the status of your application. Please contact MemberChanges@ona.org if you do not receive confirmation.