



## 2017 PAYMENT AUTHORIZATION FORM

Name of Applicant: \_\_\_\_\_ Registration Number: \_\_\_\_\_

✓ Please indicate which fees you wish to pay for:

Registered Nurse Active Practicing Fee (Initial, Reinstatement)	\$ 922.69	
Nurse Practitioner Active Practicing Fee (Initial, Reinstatement)	\$ 1,034.51	
Associate (Non-Practicing) Membership Fee	\$ 65.63	
Processing Fee (Initial or Reinstatement or Temporary Certificate)	\$ 65.63	
Temporary Certificate Fee	\$ 193.20	
Verification Fee - Member (registered for the current year)	\$ 39.38	
Verification Fee - Non-Member (not registered for the current year)	\$ 65.63	
Renewal of Temporary Certificate Fee	\$ 26.25	
Temporary Certificate to Active Practicing Fee	\$ 26.25	
Change of Category Fee (Associate to RN or NP, RN to NP)	\$ 52.50	
Duplicate Membership Card Fee	\$ 26.25	

**All fees include 5% GST**

### Payment Options:

- VISA or MasterCard
- Interact (at the RNANT/NU office)
- Money Order (payable to the RNANT/NU)
- **Personal cheques and Virtual Interact/Credit Cards are not accepted**

\_\_\_\_\_  
Name on Credit Card

\_\_\_\_\_  
Phone Number of Cardholder

Credit Card Number:

--	--	--	--

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

*The credit card information provided on this form will not be retained. Upon authorization of all payment request(s) credit card information will be destroyed.*