



| Certified First Nations Health Managers Registration Form                                                                                                                                                                                                  |  |                                                                                                                                                                                              |                       |                       |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------|
| First Name:                                                                                                                                                                                                                                                |  | Last Name:                                                                                                                                                                                   |                       | FNHMA Member #:       |               |
| Organization Name:                                                                                                                                                                                                                                         |  |                                                                                                                                                                                              | Position:             |                       |               |
| Preferred Contact/Shipping Address:                                                                                                                                                                                                                        |  |                                                                                                                                                                                              |                       |                       |               |
| City:                                                                                                                                                                                                                                                      |  | Province:                                                                                                                                                                                    |                       | Postal Code:          |               |
| Telephone:                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                              | Email:                |                       |               |
| Please select:                                                                                                                                                                                                                                             |  | Intensive session schedule:                                                                                                                                                                  |                       |                       |               |
| <input type="checkbox"/> Candidate Member<br><input type="checkbox"/> Non-Member                                                                                                                                                                           |  | Course Pre-Readings Available: Monday, December 28, 2027<br>5 Day on site session: Monday, January 18 - Friday, January 22, 2027<br>Post session activities completed: Sunday, March 7, 2027 |                       |                       |               |
| <input type="checkbox"/> I am sponsored                                                                                                                                                                                                                    |  | Sponsor Contact Name:                                                                                                                                                                        |                       | Sponsor Organization: |               |
|                                                                                                                                                                                                                                                            |  | Sponsor Telephone:                                                                                                                                                                           |                       | Sponsor Email:        |               |
| As a sponsored student, I authorize FNHMA to share my final course results (pass or fail) with my sponsor upon course completion.                                                                                                                          |  |                                                                                                                                                                                              |                       |                       |               |
| Tax is based on your province of residence.<br>Please select one:                                                                                                                                                                                          |  | FNHMA Member Rate                                                                                                                                                                            |                       | Non-Member Rate       |               |
| <input type="checkbox"/> AB, BC, MB, NT, NU, QC, SK, YT (5% GST)                                                                                                                                                                                           |  | \$2415.00                                                                                                                                                                                    |                       | \$3018.75             |               |
| <input type="checkbox"/> ON (13% HST)                                                                                                                                                                                                                      |  | \$2599.00                                                                                                                                                                                    |                       | \$3248.75             |               |
| <input type="checkbox"/> NB, NF, NS, PE (15% HST)                                                                                                                                                                                                          |  | \$2645.00                                                                                                                                                                                    |                       | \$3306.25             |               |
| <input type="checkbox"/> GST/HST exempt (no tax) *                                                                                                                                                                                                         |  | \$2300.00                                                                                                                                                                                    |                       | \$2875.00             |               |
| <b>Proof of Tax Exemption:</b> The Recipient must provide official documentation confirming their eligibility for tax exemption. This may include, but is not limited to, a valid tax exemption certificate, a letter from employer with exemption number. |  |                                                                                                                                                                                              |                       |                       |               |
| <input type="checkbox"/> <b>Cheque</b><br>All cheques must be mailed payable to "FNHMA" and be accompanied by a completed CFNHM Course Registration Form.                                                                                                  |  |                                                                                                                                                                                              |                       |                       |               |
| Credit Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard                                                                                                                                                                      |  |                                                                                                                                                                                              | Expiry Date:          |                       | Total Amount: |
|                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                              | /                     |                       |               |
| Name on Card:                                                                                                                                                                                                                                              |  |                                                                                                                                                                                              | Cardholder Signature: |                       |               |
|                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                              |                       |                       |               |
| Signature:                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                              | Date:                 |                       |               |
|                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                              |                       |                       |               |