



First Nations Health Managers Association
Association des gestionnaires de santé des Premières Nations

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:		Select your course: (only check 1 box)		Select your session:*	
☐ Candidate Member ☐ Non-Member		☐ 100 – Health Issues and Systems ☐ 200 – Leadership and Strategy ☐ 300 – Effective Programs & Services ☐ 400 – Efficient Organizations ☐ 500 – The Professional First Nations Health Manager		☐ Spring ☐ Fall ☐ Winter *Not all courses run each session. Please check our website for course dates	
☐ I am sponsored		Sponsor Contact Name:		Sponsor Organization:	
		Sponsor Telephone:		Sponsor Email:	
☐ 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. Please select one:				FNHMA Member Rate	
☐ AB, BC, MB, NT, NU, QC, SK, YT (5% GST)				\$1890.00	
☐ ON (13% HST)				\$2034.00	
☐ NB, NF, NS, PE (15% HST)				\$2070.00	
☐ GST/HST exempt (no tax) *				\$1800.00	
Proof of Tax Exemption: 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.					
☐ Cheque All cheques must be mailed payable to "FNHMA" and be accompanied by a completed CFNHM Course Registration Form.					
Card Number:			Expiry Date: /		Cardholder Signature:
Name on Card:					Amount Paid:
Signature:			Date:		

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Toll Free: 1-844-218-0440 **Phone:** 613-599-6070 **Fax:** 613-319-8092
Education Coordinator: education@fnhma.ca **Website:** www.fnhma.ca