



REGISTERED NURSES ASSOCIATION OF THE NORTHWEST TERRITORIES AND NUNAVUT

Honorarium Claim Form

Name:

Mailing Address:

Social Insurance Number (SIN):

Board/Committee Name:

Meeting Date:

Hours Worked:

Claim Total:

Claimant Signature:

Executive Director Signature:

Policy B14 Public Members Honorarium

1. Complete the form
2. Email to execast@rnanntnu.ca within 30 days
3. After 90 days, the Association will not process payment
4. Cheques will be sent to the mailing address on the form