

**REPORT ON ACTIVITIES RELATED TO RESOLUTIONS
FROM 2002 ANNUAL GENERAL MEETING**

1. Membership Fee

A membership fee of \$39.00 for 2004 and \$42.00 for 2005 was approved at the 2002 Annual Meeting. A memorandum has been sent to our jurisdictional members informing them of our membership fee for 2003-2005. The approved fee has been used in our budget forecasts and will be used when building our future budgets.

2. Authority to Intervene in Practice Settings (DEFEATED)

3. Biennial Conference Registration Fee

Over the years, the convention budget was prepared based on costs in the hosting city and always looking at ways in keeping the costs down. The registration fee was then set to have the convention budget break-even. As the table reflects, the past six conventions have incurred a deficit.

YEAR	EARLY MEMBER REGISTRATION FEE (EXCLUDING GST)	BANQUET TICKET (EXCLUDING GST)	SURPLUS/ (DEFICIT) (EXCLUDES AGM COSTS)
2002	\$436.91	\$70.09	(\$138,108)*
2000	\$319.62	\$44.85	(\$119,358)
1998	\$275.70	\$44.85	(4,276)**
1996	\$264.95	\$44.85	(\$35,781)
1994	\$250.00	\$40.18	(\$31,074)
1992	\$238.00	\$35.00	(\$45,494)

* The 2002 deficit of \$138,108 is based on projections at September 2002.

** The 1998 Convention was held in Ottawa, therefore, expenses were not incurred for staff travel.

Planning for Biennial Convention 2004 is underway, and all processes and costs related to the event are under detailed review. Wherever possible, practical, efficient and cost-effective changes will be made to ensure the Convention remains a professional success, accessible to as many members as possible, while striving for fiscal balance.

4. Election by General Membership (DEFEATED)

5. Parallel Community Health Care Services Legislation

CNA has raised the issue of federal legislation on community health care that would be parallel to the Canada Health Act in two major forums. First the Association has put this proposal on the agenda for a meeting between Health Minister McLellan and the President and Executive Director. Secondly, CNA cited the examples of American and British initiatives in community health care as exemplary models for the federal government to consider for future health policy action in a pre-budget submission to the Chair of the Commons Standing Finance Committee.

6. Complete Employment Insurance Funding for Eligible Nursing Students

CNA is lobbying the federal government to implement a change in policy that would allow eligible employment insurance recipients entering basic nursing education programs to be funded to complete baccalaureate education, rather than limiting funding to allow them to complete the shorter diploma program. The Association put this proposal on the agenda for a meeting between Human Resources Minister Stewart and the President and Executive Director. CNA also noted in its pre-budget submission to the Standing Finance Committee that the federal government should consider the examples of the United States and Great Britain which have already adopted measures to provide funding to nursing students for their undergraduate education.