



APPLICATION FOR STUDENT MEMBERSHIP

I hereby make application for a student membership in the Registered Psychiatric Nurses Association of Saskatchewan under the provisions of the Registered Psychiatric Nurses Act, 1993, and the regulations under the Act.

NAME: _____

MAILING ADDRESS:

_____ street

_____ city

_____ prov.

_____ postal code

PERMANENT ADDRESS (if different than above):

_____ street

_____ city

_____ prov.

_____ postal code

TELEPHONE: _____

EMAIL: _____

WOULD YOU LIKE TO RECEIVE THE RPNEWS VIA EMAIL? Y N

EDUCATION PROGRAM: Psychiatric Nursing Diploma Program
 Nursing Education Program of Saskatchewan (NEPS)

1st year _____ 2nd year _____ 3rd year _____ 4th year _____

Full Time Student _____ Part Time Student _____

DATE REGISTERED IN THE PROGRAM: _____

EXPECTED COMPLETION DATE: _____

Signature of Student

Date

THERE IS NO CHARGE FOR A STUDENT MEMBERSHIP.

RETURN APPLICATION TO:

Registered Psychiatric Nurses Association of Saskatchewan
2055 Lorne Street
Regina, SK S4P 2M4

This student membership will have no future bearing on approval for permanent registration or membership in the Registered Psychiatric Nurses Association of Saskatchewan.

For Office Use Only

Date Entered in Register: _____

Registration Number: _____