



**REGISTERED  
PSYCHIATRIC  
NURSES  
ASSOCIATION OF  
SASKATCHEWAN**

# Application for Student Membership

with the Registered Psychiatric Nurses Association of Saskatchewan

## Personal Information

**Full Name:** \_\_\_\_\_  
Surname Given Name (s) Middle

**Mailing Address:** \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City Province Postal Code Country

**Permanent Address:** \_\_\_\_\_  
(if different than above)  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City Province Postal Code Country

**Primary Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(123) 456 - 7890 dd-mm-yyyy

**Email:** \_\_\_\_\_

## Education Program Information

**Psychiatric Nursing Education Program:** Psychiatric Nursing Diploma Program   
 Nursing Education Program of Saskatchewan (NEPS)   
 1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  4<sup>th</sup> Year

**Start Date:** \_\_\_\_\_ **Expected Completion Date:** \_\_\_\_\_  
dd-mm-yyyy dd-mm-yyyy

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.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use:**  
 Date Entered in Register: \_\_\_\_\_ Registration Number: \_\_\_\_\_