

Canadian Practical Nurses Association

Application for Provincial Association Membership

Provincial Association Member: A Provincial or Territorial Association of Canada which adopt the objectives of the Corporation and are approved by the Board of Directors of this Corporation may become members. There shall be one member from each Province of Territory.

Association Name: _____

Province: _____

Number of members: _____

List of Executive: _____

Mailing Address: _____

Phone Number: _____

We hereby apply for Provincial Association Membership in the Canadian Practical Nurses Association and agree to abide by the Constitution and By-Laws of the Canadian Practical Nurses Association

Fee: \$4.50 /member = \$ _____

*Note: please enclose your cheque or money order made payable to:
Canadian Practical Nurses Association*

Date: _____

Signature: _____

For Office Use Only

___ Approved (receipt issued ___) Receipt #: _____

Date/Signature _____