



College of Registered Psychiatric Nurses of Alberta

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Student Membership Application

Nursing student membership is optional. To apply for Student Membership, please complete this application form.

Name: _____
(First) (Last)

Email: _____ Phone # () _____

(Please check the address you would like CRPNA correspondence and the LINK sent to)

Current Address: _____

City/ Province: _____

Postal Code: _____

Permanent Address: _____

City/ Province: _____

Postal Code: _____

School of Psychiatric Nursing: _____

Planned Date of Graduation: _____

As a student enrolled in a program of Psychiatric Nursing education, you may apply for a Student Membership with the College of Registered Psychiatric Nurses of Alberta (CRPNA). The CRPNA is the professional organization for Registered Psychiatric Nurses in Alberta.

Student Members are entitled to the following:

- Receive all membership correspondence, which includes the LINK (the College publication).
- Attend and participate in all general meetings of the CRPNA, as a non-voting member.

I hereby apply for a Psychiatric Nursing Student Membership with the CRPNA. I understand that Student Membership does not entitle me to practice Psychiatric Nursing in Alberta. I certify that the information I have provided on this form is true and correct.

Signature of Applicant *Date (mm/dd/yy)*