



# Membership Renewal Form

Please complete the membership form below and submit to the address below, along with the \$41 membership fee to become a member of the Association of Registered Psychiatric Nurses of BC.

## SECTION I: CONTACT INFORMATION

<b>TITLE:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Prof.	<input type="checkbox"/> Other, specify:
<b>FIRST NAME:</b>		<b>MEMBERSHIP NUMBER:</b>					
<b>LAST NAME:</b>		<b>HOME TELEPHONE:</b>					
<b>ADDRESS:</b>		<b>WORK TELEPHONE:</b>					
		<b>CELLULAR TELEPHONE:</b>					
<b>TOWN/CITY:</b>		<b>OTHER PHONE:</b>					
<b>POST CODE:</b>		<b>PRIMARY EMAIL:</b>					
<b>COUNTRY:</b>		<b>SECONDARY EMAIL:</b>					
<b>RPN Graduation School &amp; Year:</b>							
<b>Other nursing registrations:</b>							
<b>RPN Status:</b>	<input type="checkbox"/> Practicing	<input type="checkbox"/> Non-Practicing	<input type="checkbox"/> Retired	<input type="checkbox"/> Student			
<b>Are you interested in assisting the Association?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Volunteer area of interest:</b>				

**Declaration:** I agree that the above information is correct and that I am currently eligible to make this application for ARPNBC membership.

<b>SIGNED:</b>		<b>DATE:</b>	
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Print off and mail this application form along with your \$41 application fee to:



#100 - 1450 Creekside Drive,  
Vancouver, BC V6J 5B3