



2066. Retallack Street
Regina, Saskatchewan
S4T 7X5

Student Membership Application

**Saskatchewan Registered
Nurses' Association**

Surname Given Name(s) Maiden Name New Student Member
 Previous Student Member

Address

City Province/State/Country Date of Birth

Postal Code Area Code/Telephone

E-mail Address

1. Nursing Education Program Year of Enrollment (e.g. 2000) _____

2. Program Location

- SIAST Kelsey University of Saskatchewan, Saskatoon
 SIAST Wascana First Nations University of Canada, Prince Albert
 Other _____

3. Attach a photocopy of student card.

4. SRNA occasionally receives requests from individuals and agencies to forward questionnaires and other documents to some of our members. Such requests originate with researchers, masters or doctoral candidates, educational institutions, government departments and other similar agencies wishing to contact various categories of nurses. In all cases, the SRNA itself undertakes such mailings.

Do you wish to receive this type of mailing? Yes No

Signature

Date

SRNA OFFICE USE ONLY

Date Application Received _____ Student Membership Number _____