

ST.LUCIA NURSES ASSOCIATION

MEMBERSHIP FORM

(Application should be accompanied by copies of current License and Training Certificate and the Prescribed Fee)

A. GENERAL INFORMATION

DATE OF APPLICATION:

SURNAME: CHRISTIAN NAME:

MAIDEN NAME:

DATE OF BIRTH: NATIONALITY:
 DD MM YY

SEX: MALE FEMALE:

MARITAL STATUS: RELIGION:

ADDRESS: MAILING:

RESIDENTIAL:

NUMBER AND AGES OF CHILDREN:

B. PROFESSIONAL TRAINING DATA

a) SCHOOL:

ADDRESS:

PERIOD OF TRAINING: FROM TO

CERTIFICATION STATUS:

b) SCHOOL:

ADDRESS:

PERIOD OF TRAINING: FROM: TO:

CERTIFICATION STATUS:

c) SCHOOL:

ADDRESS:

PERIOD OF TRAINING: FROM: TO:

CERTIFICATION STATUS:

d) PROFESSIONAL STATUS:

LICENSED: YES: NO:

IF YES, LICENSE STATUS – R.N: S.E.N: M.W:

OTHER (specify):

COUNTRY (IES) LICENSED WITH:

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YEAR (S) OF REGISTRATION:

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ARE YOU A MEMBER OF AN OTHER ASSOCIATION? YES: NO:.....

IF YES, STATE:

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STATE REASONS FOR APPLYING FOR MEMBERSHIP WITH THE

ST.LUCIA NURSES ASSOCIATION:

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e) EMPLOYMENT DATA

EMPLOYED: YES: NO:

IF NO STATE REASON (S):

NAME OF EMPLOYER:

ADDRESS OF EMPLOYER:

DATE OF APPOINTMENT:

f) PROFESSIONAL ASPIRATION

STATE YOUR PROFESSIONAL GOALS:

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STATE YOUR PROFESSIONAL OBJECTIVES FOR ST.LUCIA NURSES

ASSOCIATION:

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FOR OFFICIAL USE ONLY

DATE RECEIVED: FEE RECEIVED:
DD MM YY

PROFESSIONAL DOCUMENTS RECEIVED:

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MEMBERSHIP APPROVAL YES: NO:

REASON FOR DISAPPROVAL:

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MEMBERSHIP STATUS: FULL: ASSOCIATE:

AFFILIATE: PROVISIONAL:

SIGNATURE

SIGNATURE

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PRESIDENT

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SECRETARY