



**SPECIAL STUDENT
MEMBERSHIP RATE!**

\$20 for one year or
\$30 for two years!

Student Membership

As a Practical Nursing student, you have embarked on a life changing journey. We know you are committed, dedicated, and passionate about your choice.

As your professional association, WeRPN can support you, from Practical Nursing student to Registered Practical Nurse.

WeRPN Student membership includes savings and discounts, and education and career resources, all designed to support you while in school and when you transition into professional practice.

We RPN

Registered Practical Nurses
Association of Ontario

Join the WeRPN Community to access these member benefits, and more!

- Reduced rates on WeRPN education programs, home and auto insurance, group benefit plans, financial, health and wellness services, and consumer products.
- In-person workshops and online eLearning programs to expand your learning experience at your convenience.
- Expert advice, guidance and resources including resume writing and interview preparation, new grad workshop, bursaries and awards, career coaching, and mentorship program.

Learn more at **WeRPN.com**



Every Member Counts!

Each new membership gives us the opportunity to continue to grow the meaningful impact we have on behalf of all RPNs and Practical Nursing students.

Practical Nursing students receive a special member rate of \$20 for one year or \$30 for two years.

New Grads receive 50% off our Regular RPN annual membership fee.

Graduates: To maintain a continuous membership, you are eligible to purchase a WeRPN Student Membership until you obtain your CNO Registration number, or up to six months after graduation, whichever comes first.

WeRPN Student Member Application

First Name: _____ Last Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____ ☐ Yes, I want to receive email updates including news, events and educational opportunities.

College Attending: _____ Date of Graduation: MM / DD / YYYY ____ / ____ / ____

Date of Birth: MM / DD / YYYY ____ / ____ / ____ Membership Type: Student \$20 - 1yr ☐ or \$30 - 2 yrs ☐

Method of Payment (please mark one): Debit ☐ Cash ☐ (enclosed) Cheque ☐ (enclosed) Visa ☐ Mastercard ☐

Credit Card No: _____ Expiry Date: MM / YY ____ / ____

OFFICE USE ONLY: Date Received: _____ Sum Encl: _____ Deposit #: _____