

**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: .....

c) 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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d) EMPLOYMENT DATA

EMPLOYED: YES ..... NO .....

IF NO STATE REASON (S) .....

NAME OF EMPLOYER .....

ADDRESS OF EMPLOYER .....

DATE OF APPOINTMENT .....

e) 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**

.....  
**PRESIDENT**

.....  
**SECRETARY**