AOHNA
ALBERTA OCCUPATIONAL
HEALTH NURSES ASSOCIATION

Student Membership Application

Student Membership is available for those who are currently enrolled in a full-time Nursing program at the undergraduate level that is approved by the provincial licensing body. A transcript from your educational institution is required in order for membership to be approved. Student Members are eligible to attend the AGM in a non-voting capacity.

Areas marked with ** MUST be completed or processing will be delayed.

Personal Information

**Last Name: _____ **First Name: _____ Initial: _____

**Home Address: _____

**City/Province: _____ **Postal Code: _____

**Home Telephone: (_____)_____

**Date of Birth: (MM/DD/YY) _____   Gender: ____ Male ____Female

**Personal Email: _____

Education and Training

**School attending: _____

City/Province: _____

**Expected Date of Graduation (DD/MM/YY): _____

Please ensure that a current Transcript from your educational facility is attached to your Membership Application.

**Signature: _____   Date: _____

Submit this application along with your current Transcript to our office by email at coordinator@aohna.org.