



Student Membership Application Form

Lobby Box 142, 604-5657 Spring Garden Road
Halifax, NS B3J 3R4
admin@lppans.ca

Salutation: Mr. Ms. Mrs. Dr. .

Name: _____

Applying for: Student Membership in the following Provincial Association:

Address while at University or Business Address:

Street _____	Apartment No. _____
City _____	Province _____
Postal Code _____	Email _____
Phone: _____	Fax _____

Home Address:

Street _____	Apartment No. _____
City _____	Province _____
Postal Code _____	Email _____
Phone: _____	Fax _____

Send mail to: University/Business Address or Home Address .

I AM APPLYING FOR: *check the applicable box and complete that section. Remember to sign your name at the end of this form.*

Student Membership: (application/membership fees as per the fees schedule)

Degree(s): Please list any degrees you have already completed.

Degree University Year

Degree University Year

Certification: *The following must be signed by the Department Head*

I hereby certify that the applicant is enrolled full time in _____ (program) at _____ (educational institution) and is now entering year _____ of a program that normally takes _____ years to complete.
Anticipated date of graduation _____

Department Head Signature Date

Code of Professional Conduct: The [Code of Conduct](#) sets out the professional standards to which all members of LPPANS must adhere. Is there anything in your past conduct that might be in potential contravention of the Code?

No **Yes** (if yes, please explain in detail on a separate sheet, attached to this form)

I certify that I have read, understand and hereby agree to comply with the bylaws of the Institute, including the Code of Conduct (available at www.lppans.ca), and I certify that the information provided on this form and in any attached document is correct.

Signature of applicant **Date**

For office use only

Date Application received: _____

Application fee: waived included with application invoiced

Date paid _____ Received by _____ Date _____