



OFFICE USE ONLY

- ☐ Entered in iMIS
- ☐ Confirmation email sent
- ☐ Added to Moneris Transaction List

iMIS ID: _____

Student Membership

For new applicants or renewing members

**Bolted consents are required*

- ☐ ***I certify that I am currently enrolled in an undergraduate nursing education program in Manitoba.**

Personal Information

First Name

Middle Initial

Last name

You do not need to complete the following fields if you are currently a member and none of the information has changed.

Email Address

Home/Mailing Address

City

Province

Postal Code

Country

Home/Mobile/Work Phone Number: _____
(Please circle the phone number type)

____/____/_____
Birth Date (MM/DD/YYYY)

Student Nurse Information

Educational Institution

- ☐ *I certify that the information provided is true. I understand that it is my responsibility to notify the Association of a change of name or address and that email will be the primary method of communication.

Consents

- ☐ *I have read and agree with the terms of the [Privacy Policy](#) regarding the collection, use, disclosure and destruction of my personal information.

Membership Fees

I would like to purchase membership for:

| 2023 membership | | |
|-----------------|-----------|--------------|
| ARNM | \$ | 27.00 |
| GST | \$ | 1.35 |
| TOTAL: | \$ | 28.35 |

*Membership expires
Dec 31, 2023*

Signature

Date

Application Submission

Once complete, please submit your application to info@arnm.ca and then call our office at 204-992-1520 with payment.

Payment Options

Payment by Visa, Mastercard, Visa Debit, Mastercard Debit can be made over the phone or [click here](#) for information about paying by eTransfer.