

**THE LICENSED PRACTICAL NURSES ASSOCIATION  
OF  
BRITISH COLUMBIA**



**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

CLPNBC Registration # \_\_\_\_\_ or  
License number

Student # and School \_\_\_\_\_

LPNABC # \_\_\_\_\_ if a renewal

Employer \_\_\_\_\_ 2<sup>nd</sup> Employer \_\_\_\_\_

| Employment status: | Employed as:  | Area of Employment: |
|--------------------|---------------|---------------------|
| Full time _____    | LPN _____     | Acute Care _____    |
| Part Time _____    | Orderly _____ | Complex Care _____  |
| Casual _____       | HSRCA _____   | Community _____     |
|                    | Other _____   | Private _____       |

Annual Membership fee: Active Member - \$60.00, Student or Retired \$25.00

Fee payable by cheque to: LPNABC  
9912 Lougheed Hwy  
Burnaby, BC  
V2J 1N3