



2023/2024 STUDENT MEMBER FORM

April 1, 2023 - March 31, 2024

FOR FIRST-TIME AND RETURNING STUDENT MEMBERS

Title: _____ Surname: _____ Given Name: _____

Preferred Contact Info:

Address: _____

City/Town: _____ Postal Code: _____

Phone: (P) _____ (C) _____ (O) _____

Email(required): _____ Fax: _____

Geographical area:

- St. John's/Metro
 Avalon Peninsula/East
 Central
 West
 Labrador
 Other _____

Please indicate any activities in which you are interested in participating.

1. APNL Committees/Reps

- Executive
 Continuing Education
 Advocacy
 Membership
 Psych Month Activities
 Newsletter

2. Public Speaking

I am available to offer presentations or respond to requests to speak to:

- Fellow Psychologists**
 Media
 Public/ Community

on the following psychology related topic(s)/issue(s)

For APNL Office Use Only

Date: _____ APNL#: _____ Member Category: _____

Fees Paid: _____ Receipt#: _____

EDUCATIONAL QUALIFICATIONS:

Highest Degree Obtained: _____ Institution: _____

Specialty (ie. clinical, educational psychology, counseling psychology):

Date Anticipated/Completed: _____

Student Members must meet BOTH of the following criteria:

1. I am enrolled full-time in an academic institution pursuing higher qualifications in Psychology as deemed appropriate by the APNL Executive

2. I am not currently registered with the NLPB or any other licensing body

***Note: Psychology Residents qualify for student membership**

Fee: \$ 20.00

Signature: _____ Date: _____

Payment Options - NOTE: All Payments will be processed after April 1

Cheque/Money Order to - APNL P. O. Box 26061, RPO LeMarchant Road, St. John's, NL A1E 0A5

E-Transfer - All e-transfers must use the following:

Email : membership@apnl.ca

Security Question - What for

Security Response - Membership2023

Return to: P.O. Box 26061, RPO LeMarchant Road, St. John's, NL A1E 0A5 or membership@apnl.ca