

Expression of Interest to a Committee

Saskatchewan Association of
Licensed Practical Nurses



Personal Information

Name _____ Reg # _____

Address _____

Telephone _____ Email _____

Committees

Please select the top two committee(s) that interest you:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Nominations | <input type="checkbox"/> Awards & Recognition |

Background Information

What can you bring to the committee (Work experience, involvement with SALPN, interests and strengths, etc)?

Completed forms can be mailed to the SALPN office at:

Saskatchewan Association of Licensed Practical Nurses
700A – 4400 4th Ave
Regina, SK S4T 0H8

For additional information on any committee contact please contact the SALPN Office (306)525.1436
