



Registered Practical Nurses  
Association of Ontario

# Ambassador Registration Form

**Share Your Passion. Become a WeRPN Ambassador!**

- Enhance your leadership skills.**
- Strengthen your connections.**
- Inspire and mentor your peers.**
- Drive quality improvement.**

Full Name (First / Last): \_\_\_\_\_ WeRPN Member# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Contacts: Twitter and/or Instagram handles: \_\_\_\_\_

Place of Work / School: \_\_\_\_\_ Your position / year of study \_\_\_\_\_

What is your t-shirt size: XS S M L XL XXL

### What's in it for you?

As a WeRPN Ambassador, you'll be recognized as a leader in your organization. You can add this role to your resume as a formal leadership opportunity. Your contribution as a WeRPN Ambassador demonstrates your initiative to engage with your professional association and the value you place on professional practice. You will learn about effective advocacy and through peer support, bring those skills to your patients and your organization. You'll also enjoy access to exclusive career development and networking opportunities.

In 50 words or less, tell us why you would make a great WeRPN Ambassador?

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What's one fun fact about yourself?

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**Thank you for your interest in the WeRPN Ambassador Program.**  
Please submit your completed application to [ambassador@werpn.com](mailto:ambassador@werpn.com)