



Student Membership Application

Thank you for your interest in becoming a student member with Care Providers of Minnesota. Student membership will provide you with our weekly electronic newsletter *Action*, as well as the ability to participate in the members-only portions of our website. These tools will help you to stay current in the field and become better prepared to be a leader in the delivery of senior services. In addition, student members will be mailed brochures of our many educational offerings with discounted rates for student members. Upon submission of a completed application, qualified students are provided complimentary student memberships with Care Providers of Minnesota.

In order to become a student member with Care Providers of Minnesota, we need you to fill in the fields below, and email it back to Doug Beardsley, Vice-President of Member Services at: dbeardsley@careproviders.org.

Name of College or University: _____

Anticipated Year of Graduation: _____

Declared Major (if known): _____

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ **State:** MN **Zip:** _____

Phone: _____

Email address at school: _____

Practicum Site (if known): _____

Upon receipt of your completed application we will send you an email confirming your student membership and information regarding how to set-up your username and password for our website. All student memberships are for one year and must be renewed for each qualified academic year. We look forward to being a part of your educational experience. If you have any questions, feel free to contact Doug Beardsley at dbeardsley@careproviders.org or 952-851-2489.