

THE NIGHTINGALE FELLOWSHIP

Associate Membership Application Form

SURNAME	IAIDEN NAME		
FORENAMES	DATE OF BIRT	Н	
ADDRESS			
P	OSTCODE		
TEL.NO E	MAIL ¹	□	
DATES OF STUDENT NURSE/MIDWIFE TRAINING			
DATES OF EMPLOYMENT AT GUYS AND ST THOMAS' NHS FOUNDATION TRUST/KING'S COLLEGE LONDON FACULTY OF NURSING & MIDWIFERY or ANY OF THE PREDECESSOR ORGANISATIONS			
If you are 65 or over, please check with the office prior to completing this next section.			
Please complete as appropriate:-			
COMPLETED BANKER'S ORDER FOR JANUAR	Y NEXT YEAR ENCLOSED?	YES NO	
CHEQUE FOR THIS YEAR'S SUBSRIPTION ENG OR ON-LINE PAYMENT	CLOSED?	YES NO	
SIGNATURE DATE DATE			

Following Council's formal acceptance of your application to the Fellowship, you will receive a copy of the current journal.

PLEASE EMAIL TO: info@thenightingalefellowship.org.uk OR RETURN THE COMPLETED FORM AND CHEQUE TO: THE NIGHTINGALE FELLOWSHIP, 6 TRULL FARM BUILDINGS, TETBURY, GLOUCESTERSHIRE. GL8 8SQ.

¹ Please tick box if you agree your e-mail address may be used in communications.