# THE NIGHTINGALE FELLOWSHIP

## Membership Application Form

SURNAME…….. MAIDEN NAME…….
(BLOCK CAPITALS)

FORENAMES…… DATE OF BIRTH…….

ADDRESS……...

…… POSTCODE…….

TEL.NO……. EMAIL[1]……□

DATES OF STUDENT NURSE/MIDWIFE TRAINING
……..……

NAME OF TRAINING SCHOOL/UNIVERSITY……

If you are **65** or over, please contact the office prior to completing this next section.

COMPLETED BANKER'S ORDER FOR JANUARY NEXT YEAR ENCLOSED? YES ☐
NO ☐

CHEQUE FOR THIS YEAR'S SUBSRIPTION ENCLOSED? YES ☐
OR ON-LINE PAYMENT NO ☐

**SIGNATURE…… 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.