

THE NIGHTINGALE FELLOWSHIP

Membership Application Re-instatement Form

| SURNAME MAIDEN NAME(BLOCK CAPITALS) | | |
|---|-----------------|--|
| FORENAMES | DATE OF BIRTH | |
| ADDRESS | | |
| Р | OSTCODE | |
| TEL.NO EMAIL ¹ | | |
| PREVIOUS: MEMBERSHIP NUMBER ENTRY YEAR | | |
| CATEGORY OF MEMBERSHIP - FULL/ASSOCIATE/LIFE (delete as appropriate) | | |
| DATES OF STUDENT NURSE/MIDWIFE TRAINING | | |
| Please complete as appropriate; if you are 65 or over, please contact the office prior to completing this nex section. | | |
| COMPLETED BANKER'S ORDER FOR JANUARY NEXT YEA | R ENCLOSED? YES | |
| CHEQUE FOR THIS YEAR'S SUBSRIPTION ENCLOSED? OR ON-LINE PAYMENT | YES NO | |
| SIGNATURE DATE | | |

Following formal acceptance of your re-instatement 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.