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……

Mandatory: As a Full Member of the Fellowship you will hold responsibility for the liability, in the sum of one penny, should the Charity be would up, or close within one year after you cease to be a Full Member. Please tick the box to acknowledge acceptance of this liability □

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.