



**THE NIGHTINGALE FELLOWSHIP**  
Associate Membership Application Form

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

FORENAMES..... DATE OF BIRTH.....

ADDRESS.....

..... POSTCODE.....

TEL.NO..... EMAIL<sup>1</sup>.....

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 70 or over, please check with the office prior to completing this next section.

Please complete as appropriate:-

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

CHEQUE FOR THIS YEAR'S SUBSCRIPTION 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](mailto:info@thenightingalefellowship.org.uk) OR RETURN THE  
COMPLETED FORM AND CHEQUE TO: THE NIGHTINGALE FELLOWSHIP, 6 TRULL  
FARM BUILDINGS, TETBURY, GLOUCESTERSHIRE. GL8 8SQ.

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