



NURSING HISTORY NS APPLICATION FORM

YOU'LL ENJOY BEING A MEMBER OF THIS VITAL GROUP !!

NAME :

ADDRESS:

EMAIL:

PHONE: (WORK OR HOME)

WORK PLACE:

GRADUATE OF;

MEMBERSHIP ANNUAL DUES \$20.00

**SEND CHEQUE (PAYABLE TO NURSING HISTORY NS)
AND COMPLETED FORM TO:**

**Nursing History Nova Scotia Society Treasurer
58 Steven Murphy Drive
Williamswood, NS
B3V1C5**

Further information contact : nursinghistorytreasurer@gmail.com

WEB SITE: www.nursinghistorynovascotia.com