



Application Form

Previous Member: _____ (Y/N)
If yes when was last year of membership: _____

Effective Date: June 1, 20 ____ to May 31, 20 ____

Type of Membership: Place a checkmark in one box.

- Active** (means voting member of NSNIG as a result of holding current membership with the College of Registered Nurses of Nova Scotia-CRNNS.)
COST: \$20.00 per annum
- Associate** (means Registered Nurses in province other than Nova Scotia, or Licensed Practical Nurses from any province, or undergraduate students enrolled in nursing education that are not enrolled with the College of Registered Nurses of Nova Scotia, or student practical nurses. Cannot vote or hold office.)
COST: \$10.00 per annum
- Other** (interested individual whose application will be considered by the Executive. (Cannot vote or hold office.) **COST: \$10.00 per annum**

Please Print

Name: _____ **Position/Title:** _____
Institution: _____
Home Mailing Address:
Name and # of Street _____ **Apt. #** _____
City _____ **Province** _____ **Postal Code:** _____
Home Telephone: _____ **Work Telephone:** _____
Fax No: _____ **Email:** _____
CRNNS Registration No. _____
Name of other Provincial Association _____ **Registration #** _____

Please remit payment to:
Nova Scotia Nursing Informatics Group
C/O Diane MacLean, Treasurer
Rm 755, Bethune Bldg
1276 South Park Street
Halifax, Nova Scotia
B3H 2Y9

For Office Use Only

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Receipt sent | <input type="checkbox"/> Membership list updated | <input type="checkbox"/> Entered in bank book |
| <input type="checkbox"/> Deposit made | <input type="checkbox"/> Spreadsheet updated | <input type="checkbox"/> Membership package mailed |