



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 check mark 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 or the College of Licensed Practical Nurses of Nova Scotia - CLPNS).

COST: \$20.00 per annum

Associate (means Registered Nurses or Licensed Practical Nurses in provinces other than Nova Scotia, 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 (means 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: _____

Work Telephone: _____ Home Telephone: _____

Fax No: _____ Email: _____

CRNNS Member CLPNS Member Registration # _____

Name of other Provincial Association _____ Registration # _____

* I give permission for my email address to be shared with NSNIG members Yes___ No___

Please remit payment to:
Nova Scotia Nursing Informatics Group
C/O Sylvia Wist, Treasurer
Rm 266, 5N Victoria Building
1276 South Park Street
Halifax, Nova Scotia B3H 2Y9

For Office Use Only

Confirmation Email and Receipt Sent Deposit made Entered in bank book Membership lists updated