



Application Form

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

Effective Jun 1, 2019 to May 31, 2020

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 - CLPNNS).
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 CLPNNS 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 Sharon Forbrigger, Treasurer
Rm 738 – Bethune Building, VG Site
1276 South Park Street
Halifax, Nova Scotia B3H 2Y9
sharon.forbrigger@nshealth.ca

For Office Use Only

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