



## Application Form

Previous Member: \_\_\_\_\_(Y/N)

If yes when was last year of membership: \_\_\_\_\_

Effective Jun 1, 2018 to May 31, 2019

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-CRNS 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: \_\_\_\_\_

CRNS 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 Sharon Forbrigger, Treasurer  
Rm 037 – 13<sup>th</sup> Floor Victoria 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