



150 Garland Avenue,
Dartmouth, NS
B3B 0A7

Tel: (902) 469-1474
Fax: (902) 466-6935
www.nsnu.ca
nsnu.office@nsnu.ca

NSNU Membership Information Form

Please select the purpose of your submission	New member	Updating information
--	------------	----------------------

Last Name		DOB (M/D/Y)	
First Name		Middle Initial:	

Other Last Name	
-----------------	--

Street Address					
----------------	--	--	--	--	--

City		Province		Postal Code	
------	--	----------	--	-------------	--

Phone (home)		Phone (cell)		
Please indicate your <i>primary</i> telephone number			Home	Cell

Email Address	
---------------	--

Nursing Level		RN		LPN		NP		Grad
---------------	--	----	--	-----	--	----	--	------

Present Employment

Local (1 st Facility)					
Phone (Work)		Full Time	Part Time	Casual	
What department do you work in?					

Local (2 nd Facility)					
Phone (Work)		Full Time	Part Time	Casual	
What department do you work in?					

I, the undersigned, agree to abide by the constitution and by-laws of the Nova Scotia Nurses' Union.

MEMBER SIGNATURE _____ DATE _____

INFORMATION AND INSTRUCTIONS

1. PURPOSE OF FORM

- a) Membership information for our records.
- b) Mailing lists for newsletters, membership/discount cards, website passwords for on-line voting, emails and telephone numbers for other NSNU communications etc.
- c) Internal statistics, developing briefs to Government and other agencies, ratification of collective agreements etc.

2. CONFIDENTIALITY OF INFORMATION

When this information is received at the Provincial Office under no circumstances will this information be given out to anyone requesting it. All information will be considered personal and confidential.

3. CURRENT INFORMATION

In order to carry out the purposes of this form, the membership is requested to keep the Provincial Office informed of any changes to the information previously provided. Lack of up to date information can cause an interruption in receiving website passwords, phone calls, newsletters and other communications.

4. COLLECTION OF FORMS

After the form is filled out and signed, the following options are available for returning the form to the provincial office:

- a) Self-addressed, stamped envelopes will be provided to give the members the opportunity to mail the completed form to the Provincial Office directly; or
- b) The form can be placed in a sealed envelope and collected by the Local Executive or their designate(s) to forward to the Provincial Office.
- c) The form can be scanned and emailed to nsnu.office@nsnu.ca.