



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

** Indicates a required field*

*Last Name		*DOB (M/D/Y)	
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* First Name	*Middle Initial:	
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*Street Address	
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*City	*Province	*Postal Code
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*Phone (home)	*Phone (cell)
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Please indicate your <i>primary</i> telephone number	Home	Cell
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*Email Address	Maiden Name (Optional)
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*Nursing Level	RN	LPN	NP	Grad
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*Formal Education			
BScN	MScN	PhD	
NP certificate	LPN Diploma	RN Diploma	
Other (Specify)			

*Present NSNU Employment

Local (1st NSNU Facility)				
Phone (Work)		Full Time	Part Time	Casual

Local (2nd NSNU Facility)				
Phone (Work)		Full Time	Part Time	Casual

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

MEMBER SIGNATURE _____ DATE _____



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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 and 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.