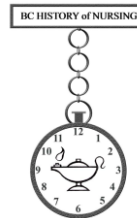


B.C. HISTORY OF NURSING SOCIETY

P.O. Box 72082, RPO Sasamat
Vancouver, B.C. V6R 4P2
www.bcnursinghistory.ca



MEMBERSHIP or RENEWAL APPLICATION

Date: _____

To be a member of the B.C. History of Nursing Society, an annual membership fee is required. You will receive regular newsletters during the year, access to scholarship funds, invitations to special events and an opportunity to network with others interested in preserving nursing history. All members are welcome to attend Board meetings and participate in committee work. Membership fees are needed to support the Society's many activities. Circle the type of membership that applies:

| | |
|----------------------|---------|
| <u>Full</u> | \$40.00 |
| <u>Affiliate</u> | \$40.00 |
| <u>Student Nurse</u> | \$10.00 |

Donation \$ _____ (Tax receipt will be sent to donor)

| | | | |
|--------------|-------|------------|---------|
| Total | _____ | New Member | Renewal |
|--------------|-------|------------|---------|

Please print your name and address as you wish it to appear on our **Membership Information List**. Be assured that at no time will any information about you be released without your permission.

Name _____

Address _____

City/Province _____ Postal Code _____

Telephone numbers Home _____ Work _____ Cell _____

E-mail _____

Please note: To reduce mailing costs, we prefer to send regular newsletters and notices via email. In accord with new Canadian Anti-Spam Legislation, we keep emails to a minimum, and do not release our email lists to anyone. I agree to receive event invitations, and other emails related to BCHNS. You can withdraw your consent and unsubscribe at any time.

Preference for receiving Newsletter, please Indicate: email regular mail

Please return this form, with a cheque payable to the BC History of Nursing Society, by January 31st, to the address above, marked Attn: Treasurer OR if you have email, you can renew and pay online using PayPal. Go to www.bcnursinghistory.ca and see membership page.