

**TO JOIN THE LEAGUE OF ST. BARTHOLOMEW'S NURSES**

Send this form with your subscription to the Assistant Honorary General Secretary, League of St Bartholomew's Nurses, c/o City University, St. Bartholomew School of Nursing and Midwifery, 20 Bartholomew Close, LONDON, EC1A 7QN. Confirmation of membership will be sent to you as soon as possible.

Subscriptions may be paid by cheque, money order or banker's order and should be made payable to the Honorary Treasurer, League of St Bartholomew's Nurses.

The annual subscription of £10.00 is due on November 1st each year. Life membership is £70.00.

**APPLICATION FORM FOR MEMBERSHIP OF THE LEAGUE  
OF ST. BARTHOLOMEW'S NURSES**

FULL NAMES (Block Capitals) .....

Maiden name .....

Husband's initials .....

DATE OF ENTERING HOSPITAL .....

QUALIFICATION DATE: MONTH/YEAR .....

INVITED MEMBERS TRAINING SCHOOL .....

SIGNATURE .....

PERMANENT ADDRESS .....

.....

..... POST CODE .....

DATE ..... FEE .....