



ROYAL VICTORIA INFIRMARY NURSES' LEAGUE

APPLICATION FOR MEMBERSHIP

Membership is open to registered nurses who:

- *Undertook their training at the RVI;*
- *Gained clinical experience at the RVI during training and following registration have worked there for at least 6 consecutive months;*
- *Trained elsewhere but have completed 2 years consecutive service at the RVI*

Name: _____ Nee: (if applicable) _____

Address: _____

Post Code: _____ Telephone No: _____

E-mail address: _____ Year of Birth: _____

TRAINING DATES OR RVI EMPLOYMENT IF TRAINED ELSEWHERE

PTS: _____ Qualified: _____

OR

Commenced RVI Service: _____ Until: _____

IMPORTANT: PLEASE ALSO COMPLETE AND FORWARD BOTH PARTS 1 & 2 OF THE STANDING ORDER FORM AS DIRECTED. THIS WILL ENSURE THAT YOUR MEMBERSHIP IS AUTOMATICALLY RENEWED ANNUALLY.

AND: PLEASE RETURN THIS COMPLETED FORM TO:

THE MEMBERSHIP SECRETARY: ANNE CRAFT, 1 THE VILLAS, SEA LANE, EMBLETON, NORTHUMBERLAND, NE66 3XG