

MEMBERSHIP APPLICATION FORM January-December 2010

I am applying for membership in the BC History of Nursing Society for **2010**. Check the type of membership that applies:

- Full** (current RN or former nurse who was registered in B.C.) **\$30.00**
- Affiliate** (interested individuals or groups who support the Society's goals) **\$30.00**
- Student** (those enrolled in a nursing education program or a registered nurse enrolled in a graduate program) **\$ 5.00**

Please print your name and address as you wish it to appear on the mailing label. Your name and city will be published in the Membership Directory, which is *only* sent to members. However, the BC Freedom of Information and Protection of Privacy Act, RSBC 1996, C165, s30 states that groups that maintain membership lists “must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.” Please indicate clearly each other item of information that you are *unwilling* to have published in the Directory.

	Publish in Directory No
Name _____ (This will be published)	
Address _____	_____
City/Province _____ (This will be published)	
Postal Code _____	_____
Phone (Only one number will be published) (home) _____ (work) _____	_____ _____
E-mail _____	_____

I would like to receive the *Newsletter* by:
Email _____ Canada Post _____

Make cheque payable to the BC History of Nursing Society
Forward by March 1, 2010 to:
BC History of Nursing Society (Attn: Treasurer)
P.O. Box 72082, RPO Sasamat, Vancouver, BC V6R 4P2

INFORMATION ABOUT YOU (For use by Executive):

We would welcome information about History of Nursing projects on which you are working, especially if you would like to be in touch with other Society members with similar interests. For example: Were/are you a member of Canada's Military Medical Corps? Are you a student working on a thesis or dissertation related to History of Nursing? Do you have a particular research interest? Are you actively involved with a School of Nursing Alumnae Association (and which one)? Are you affiliated with a university or college? Would you like to be involved in a project – and if so in which area? Can we publish this information in the *Newsletter*?

I would be interested in serving on one or more of the following committees during 2010:

Archives	_____	Membership	_____
Biography	_____	Programs	_____
Memorial Portraits	_____	Nominations for Memorial Books	_____
Newsletter	_____	Pages of History	_____
Oral History	_____	Displays	_____

Please Remember: All members are welcome to attend Executive meetings, which are usually held at the CRNBC in Vancouver. Please check our website –

www.bcnursinghistory.ca

or telephone an executive member to confirm the date, place and time.

Office Use:

Received: Receipt Sent: Entered Member List: Label Made:

