
The Royal London Hospital League of Nurses

APPLICATION FORM

I hereby apply to become a member of The Royal London Hospital League of Nurses.
Please note methods of payment on standing order mandate form.

Annual subscription £10

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|----------------------------------|
| Surname: (MR/Mrs/Ms/Miss) |
| Forename: |
| Maiden Name: |
| Permanent Address: |

| |
|---------------------------------|
| Training School/College: |
| Commenced training: |
| Completed training: |
| NMC PIN Number: |

| |
|--------------------------|
| Present Position: |
| Work address: |
| Email address: |

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

I have set up online payments for the membership fee? YES/NO (see next page for details)

PLEASE REMEMBER TO POST YOUR STANDING ORDER MANDATE TO YOUR BANK. PLEASE DO NOT SEND IT TO THE LEAGUE. IF YOU HAVE SET PAYMENT UP ONLINE, THEN THE BANK DOES NOT REQUIRE THE MANDATE.

Please return the form/s to:

Fran Sibthorpe, 36 Briarhayes Close, Ipswich, Suffolk IP2 9AZ or email: rlhlon@outlook.com