

The League of Charing Cross Hospital Nurses

LXCHN Hon secretary, PO Box 612, Addlestone, KT15 9AG.

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Charing Cross Hospital League of Nurses

First Name:

Maiden Name:

Married Name:

Date of Birth:

Training Dates:

Hospital:

Address:

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Post Code:

Telephone No:

Email:

Please tick appropriate category

Membership Status	Annual Fee	Criteria
<input type="checkbox"/> Full	£10	Working
<input type="checkbox"/> Retired	£6	Over 60 years
<input type="checkbox"/> Honorary	£0	Over 80 years
<input type="checkbox"/> Life Membership	£6	For those who have life membership
<input type="checkbox"/> Associate	£5	Student Nurse

Please send to:

LXCHN Hon Secretary,
PO Box 612, Addlestone,
KT15 9AG.