



## THE LEAGUE OF ST BARTHOLOMEW'S NURSES

### Application for Membership

Please complete the following (except email address) in BLOCK CAPITALS

Surname:	
First names (s):	
Maiden Name:	
Address:	
Post Code:	Email Address:
Please complete <u>ONE</u> of the following - box A or box B - to demonstrate eligibility to join the League	
A. I trained at St. Bartholomew's School of Nursing and Midwifery prior to September 1993.	Month & Year you started at Barts: Month & Year you Registered as a Nurse:
B. I qualified as a nurse elsewhere but have worked at St Bartholomew's Hospital for a minimum of 1 year since qualifying.	Month & Year you Registered as a Nurse: Dates & details of employment at Barts:

There is a £10.00 joining fee, which includes membership until 31<sup>st</sup> October. **Please enclose a cheque for £10\* made payable to The League of St Bartholomew's Nurses** with your application form.

The annual subscription is £10.00, which must be paid by Standing Order on 1<sup>st</sup> November each year.

If this is a **Gift Membership** please tick here

I confirm that the information I have provided is truthful & accurate.  Signature	Date
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How did you hear about the League?

<b>Please send the following to:</b> <ul style="list-style-type: none"><li>▪ Completed application form</li><li>▪ Cheque for £10*</li><li>▪ League Data Protection Consent Form**</li></ul>	Honorary Treasurer, League of St Bartholomew's Nurses, The Post Room, St Bartholomew's Hospital, West Smithfield, London EC1A 7BE.
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\*If you no longer have a chequebook tick here  Instructions for paying by **BACS** will be sent to you.

\*\* Please complete the **League Data Protection Consent Form** and submit it with your form. Your application cannot be processed until we receive it.

**We will never pass your personal details to other organisations.** Our privacy policy is available on the League website ([www.bartsleagueofnurses.org](http://www.bartsleagueofnurses.org)) or by post on request.



## THE LEAGUE OF ST BARTHOLOMEW'S NURSES Data Protection Consent Form

Name:

Address:

### Re: General Data Protection Regulation

In order for the League to comply with data protection regulations **we need your consent** to publish your name in the League News. Please read the following carefully and **delete as applicable to indicate your wishes**. Your membership application will not be processed until we receive this form. Please send it with your application form.

I do/do not wish my name to appear in List of Members in the League News

I do/do not wish my address to appear in List of Members in the League News

I do/do not wish my maiden name to appear in the Reference List of Married Members

The annual League News is sent by post; currently we do not have a digital version. From time to time we may need to contact you about League issues. Please indicate how you would prefer to be contacted.

I do/do not wish to be contacted by post

I do/do not wish to be contacted by email.

Email address: .....

<b>Month/Year you qualified as a nurse</b>	
<b>If you trained at Barts</b> <b>Month/Year you started training</b>	
<b>Date of Birth (Optional)</b> (So we can contact you on landmark birthdays)	

Please complete and return this form, with your application form, to:

Honorary Treasurer  
The League of St Bartholomew's Nurses  
The Post Room  
St Bartholomew's Hospital  
West Smithfield  
London EC1A 7BE

**Unsubscribing** You can change your preferences or unsubscribe completely at any time by contacting the Data Compliance Manager at the address shown in the League News or via the League website.

Mrs Elizabeth Wood-Dow OBE, President.

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