



# Associate Application

P.O. Box 48044 | Bedford, NS | B4A 3Z2 Phone: 902-497-4270 |  
Email: info@nhnsa.ca | www.nhnsa.ca

Name of Organization:

Key Representative:

Title:

Phone#:

Email:

## **ORGANIZATION INFORMATION**

# of staff:

Civic Address:

Address:

City/town:

Province:

Postal Code:

Mailing Address:

**FEE STRUCTURE:** Non-profit organization annual fee is \$300. Individual annual fee is \$150. Fees are usually collected on an annual basis on April 1 of each year. Membership meetings are scheduled quarterly online and in person.

### **Please email this membership renewal form to:**

mennamacisaac@nhnsa.ca and cc: admin@nhnsa.ca

Make cheque payable to Nursing Homes of Nova Scotia Association and mail payment to:

Nursing Homes of Nova Scotia Association  
P.O. Box 48044  
Bedford, Nova Scotia  
B4A 3Z2

**Thank you for joining the NHNSA team!**