



Member Application

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

Name of Organization:

Total # of Sites:

Total # Nursing Home Beds:

Total # of RCF Beds:

Total # of Staff:

Key Contact:

Title:

Phone#:

Civic Address:

Address:

City/town:

Province:

Postal Code:

Mailing Address: (If different from above)

Address:

Does a Municipality own this organization?

If Yes, which Municipality?

What areas of NHNSA membership interest you the most?

Please email this completed membership renewal form to:

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

Based on the fee structure below, please 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

Fee Structure:

Organization base fee: \$500.00 + \$20.00 per bed capped at 200 beds. Fees are usually collected on an annual basis April 1st of each year. Breakdown as follows:

- Base Fee \$500.00
- \$20.00 X _____ (number of beds) = _____
- \$500.00 + \$_____ (total beds) = \$_____ Grand Total

A receipt will be emailed to the Key Contact indicated on this form. Membership meetings are scheduled quarterly two online and two in-person.

Thank you for being an important member of the NHNSA team !