



# Partner Application

P.O. Box 48044 | Bedford, NS | B4A 3Z2 Phone: 902-497-4270 |  
Email: [info@nhnsa.ca](mailto:info@nhnsa.ca) | [www.nhnsa.ca](http://www.nhnsa.ca)

Name of Business:

Key Representative:

Title:

Phone#:

Email:

## COMPANY INFORMATION

# of staff:

Civic Address:

Address:

City/town:

Province:

Postal Code:

Mailing Address:

**FEE STRUCTURE:** Corporate annual fee \$600.00. Fees are usually collected on an annual basis April 1st of each year. Membership meetings are held quarterly, in person and online.

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

[mennamacisaac@nhnsa.ca](mailto:mennamacisaac@nhnsa.ca) and cc: [admin@nhnsa.ca](mailto: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!**