



**The Bermuda Nurses Association**  
*Making A Difference Every Day*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Department: \_\_\_\_\_

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**Nurse Education: (Check highest level obtained)**

EN/LPN  Associate's  Diploma  BSN  MSN  Doctorate in Nursing

Degree Other than in Nursing  (Specify: \_\_\_\_\_)

Any specialty Certifications earned: \_\_\_\_\_

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New Membership: \$40.00

New Member 2 Year Membership: \$65.00

2 Year Renewal: \$50.00

Return to: Bermuda Nurses Association OR Dorcas Francis Date \_\_\_\_\_

\_\_\_\_\_ P.O. Box HM 1466 BNA Treasurer Receipt

# \_\_\_\_\_ Hamilton Nursery/SCBU  Cash or

Cheque

HM FX

KEMH

**NEW OPTION – Direct Deposit**

***N. T. Butterfield Bank Acct: Bermuda Nurses Association – 200 06060055650 100***

***Be sure to submit your name (& membership # if known as well)***

Direct Deposit used:

*If using direct deposit please be sure to send completed form as above or Email it to [treasurer@bna.bm](mailto:treasurer@bna.bm)*

Membership No. \_\_\_\_\_

Valid Until: \_\_\_\_\_

PO Box HM 1466  
Hamilton HMFx  
[www.bna.bm](http://www.bna.bm)

