



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? No

If Yes, which Municipality?

What areas of NHNSA membership interest you the most?

1. Download form.
2. Change subject line to the name of the organization.
3. end the email (michelelowe@nhnsa.ca)

Fee Structure:

Organization base fee \$300.00 plus \$15.00 per bed with a cap of \$3,000.
Fees are collected on an annual basis April 1st of each year.

Membership meetings are scheduled quarterly two online and two and in-person.

Thank you for joining the NHNSA team!