

The Independent Federation of Nursing in Scotland

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*The Scottish Nursing Union
 for all grades
 of Scottish Nursing Staff*

Application Form with Direct Debit Mandate

IFON was recommended to me by:

YOUR DETAILS

Surname: _____

First Name (s) _____ Ms/Miss/Mrs/Mr.

Home Address. _____

Post Code _____

Home Tel. No. _____ Date of Birth _____

Mobile No. _____ Email _____

YOUR JOB

Full Time Part Time Job Share

Employer: _____

Address: _____

Post Code _____

Workplace & Address: _____

Post Code _____

Ward/Dept/Section _____ Grade _____

Job Title: _____

Work Tel No.: _____

Please tick if you have previously been a member of IFON in Scotland

DECLARATION

I wish to join the Independent Federation of Nursing in Scotland.

Signature: _____ Date: _____/_____/_____