

ΠΑΓΚΥΠΡΙΟΣ ΣΥΝΔΕΣΜΟΣ ΝΟΣΗΛΕΥΤΩΝ ΚΑΙ ΜΑΙΩΝ
CYPRUS NURSES AND MIDWIVES ASSOCIATION

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/ MEMBERSHIP APPLICATION FORM

“ I apply herewith for membership with the Cyprus Nurses and Midwives Association. The Nursing and Midwifery Laws, 1988 –2012, Part V, Article 15, state that the CY.N.M.A. “consists of all practicing registered Nurses and Midwives within the Republic of Cyprus”.

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/ NAME / SURNAME

/ Home address

T.T / Postal Code T. / Tel Mobile

/ Place of Work

/ Tel ,e-mail

A.K.A / S.I.N: A.T. / I.C.N

/ Graduate of University:

/ Post Graduate qualifications:

Registration Number in General Nursing Registry:

Registration Number in Midwifery Registry:

Registration Number in Psychiatric Nursing Registry:

* I enclose the amount of €35.00 for membership of the year

* μ μ

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/ Signature..... μ μ / Date:.....

* μ

/ FOR OFFICIAL USE:



