

Mental Health Nurse Managers Ireland



Application for Membership / Renewal of Membership

Name (Block Letters)

Job Title

Work Location

Address

e-mail: Telephone:

Date: _____

Please note: Membership is € 30 for year 1st November 2015 to 31st October 2016.

Please send completed application form and membership fee to

**Mr. Liam Donnelly (Treasurer),
Assistant Director of Nursing,
South West Community Mental Health Services,
Ard Nua,
Donegal Community Hospital,
Donegal Town,
Co. Donegal.**

Cheques should be made payable to “**Mental Health Nurse Managers Ireland**”