



RENEWAL FORM

Freeman Member Apprentice

Please tick as appropriate

Have any of your contact details changed ?

Complete the following as appropriate:

- Name
- Address
- Tel
- E-mail address
- Year qualified

All renewals are to be made by direct debit.

- I have / have not previously submitted a Direct Debit mandate. If not please complete a direct debit mandate and return with this renewal form
- I give my explicit permission for The Guild of Nurses to hold my personal data that is contained within this form . The privacy policy can be seen on the website

Signature Date.....

Please return form/s to:

**The Guild of Nurses
Apothecaries' Hall , Black Friars Lane, London , EC4V 6 EJ**

Thank you for your support.

Acknowledgment of your renewal will be sent to you by email