



United Nurses Association

KERALA STATE COMMITTEE OFFICE
45/5, 2ND FLOOR, RAYS COMPLEX
SANKARAIYER ROAD, POOTHOLE P.O.,
WESTFORT, THRISSUR - 4.
Ph: 04872383711

MEMBERSHIP REQUEST FORM

I am serving as a nurse and interested to join United Nurses Association. I solemnly pledge to abide by all rules, regulations & procedures set forth by the union. I am also hereby paying Rs. 1000 as the joining fees. So I kindly request you to add me as a member of the United Nurses Association.

Name :

Address :

Phone :

Email Address :

Age :

Blood Group :

Name and Address :

of employer

photo

I hereby declare that all the above information and furnished details are true to my best knowledge and belief.

Date :

Place :

Signature

NB: DD/Cheque - Rs 1000/- (including 12 months subscription) in favour of United Nurses Association (Kerala State Committee Office:45/5, 2nd Floor, Rays Complex, Sankaraiyer Road, Poothole P.O, West Fort, Thrissur-4)