



CANADIAN ASSOCIATION FOR PARISH & FAITH COMMUNITY NURSING MINISTRY
ORGANIZATIONAL MEMBERSHIP FORM

☐ New ☐ Renewal

Name of Organization: _____

Name of Contact Person: _____

Preferred Salutation: Dr. Mr. Mrs. Miss Ms Rev. Sr. Other

Please state Other: _____

Address: _____ City: _____

Province/Territory: _____ PC: _____

Email: _____

Tel : _____ Fax: _____

Denomination: _____ Date: _____

Faith Community Address: _____

Fees for January 1st to December 31st, 2027– \$120.00

*** Please check the category to which you belong: ***

- ☐ **Faith Community** (formerly recognized faith community such as a congregation, presbytery, district, national office, parish or diocese)
- ☐ **Organization** (any organization interested in the parish nursing ministry, not included under any other membership category)

Please Consider SPONSORSHIPS & DONATIONS

- GOLD :

☐ An annual \$2,500 and up sponsorship to CAPNM
- SILVER :

☐ An annual \$1500 - \$2,499 sponsorship to CAPNM
- BRONZE :

☐ An annual \$500 - \$1,499 sponsorship to CAPNM

Details at: www.capnm.ca/sponsors.htm

YES! Our organization would like to support the Canadian Association for Parish Nursing Ministry
by making a donation of :

- ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$500 ☐ Other (specify amount) \$ _____
- Tax deductible receipts will be issued for donations of \$10.00 or more.



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We would like to have our Sponsorship / Donation recognized on the CAPNM website:
Yes ☐ No ☐

Make cheque payable to "CAPNM" and mail to:

CAPNM
c/o Angela Rueda - Coordinator
12142 Appletree Cres
Tecumseh, ON N8N 4A5

E-mail: capnm.secretary@gmail.com

E-transfer available: send to capnm.secretary@gmail.com

If a password is required for the e-transfer, please send the password to the same email address as the transfer.