



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

☐ New ☐ Renewal

Name: _____ Date: _____

Address: _____ City: _____

Province/Territory: _____ PC: _____

Email: _____

Tel (H): _____ Tel (W): _____

Fax: _____ Denomination: _____

Faith Community Address: _____

Individual Membership Options

Fees for Jan 1 to Dec 31, 2027 – Individual: \$75 (\$60 if paid by Dec 31,2026) Student: \$25

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

- ☐ Parish Nurse / Faith Community Nurse
(RN hired or recognized by a faith community to carry out a health promotion ministry)
- ☐ Retired Parish Nurse / Faith Community Nurse
- ☐ Student Parish Nurse / Faith Community Nurse
- ☐ Individual (any person interested in parish nursing / faith community ministry not included under another membership category)

Are you a member of CNA? Yes ☐ No ☐

Are you a member of your provincial interest group for Parish Nursing/Faith Community Nursing?
Yes ☐ No ☐ In What Province/Territory: _____



Additional Sponsorship & Donation Options

"FRIENDS" OF CAPNM: ☐ An annual \$125 sponsorship to CAPNM

"SPIRIT ANGEL" for CAPNM: ☐ An annual \$250 sponsorship to CAPNM

You can find more details at: www.capnm.ca/sponsors.htm

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

- ☐ \$10.00 ☐ \$15.00 ☐ \$20.00 ☐ \$25.00
- ☐ \$50 ☐ \$100 ☐ Other (specify amount) \$ _____

Tax deductible receipts will be issued for donations of \$10.00 or more.

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



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I would like my contact information, including my phone number, email address, city and province to be shared with other registered members of CAPNM. Yes _____ No _____

Signature : _____

Make cheque payable to "CAPNM" and mail to:

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

E-mail: admin@capnm.ca
E-transfer available: send to admin@capnm.ca
If a password is required for the e-transfer, please send the password to the same email address as the transfer.