

**CANADIAN ASSOCIATION FOR PARISH NURSING MINISTRY  
2020  
INDIVIDUAL MEMBERSHIP FORM**

*Fee for Jan 1 to Dec 31, 2020*     New                       Renewal

*Individual: \$50  
Student: \$20  
(\$40 if paid by Dec. 31/19)*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Province/Territory:** \_\_\_\_\_ **PC:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Tel (H):** ( \_\_\_\_\_ ) \_\_\_\_\_ **Tel (W):** ( \_\_\_\_\_ ) \_\_\_\_\_

**Fax:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Denomination:** \_\_\_\_\_

**Faith Community Address:** \_\_\_\_\_

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

- Parish Nurse** (RN hired or recognized by a faith community to carry out a health promotion ministry)
- Retired Parish Nurse**
- Student Parish Nurse**
- Individual** (any person interested in parish nursing 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?**    Yes   
No

**Please consider INDIVIDUAL SPONSORSHIPS and DONATIONS**  
**"FRIENDS" OF CAPNM:**            *An annual \$125 sponsorship to CAPNM*  
**"SPIRIT ANGEL" for CAPNM:**    *An annual \$250 sponsorship to CAPNM*  
*Details at [www.capnm.ca/sponsors.htm](http://www.capnm.ca/sponsors.htm)*

I would like to support the Canadian Association for Parish Nursing Ministry by making a donation of \$.....  
Tax deductible receipts will be issued for donations of \$10.00 or more. Make cheque payable to "CAPNM"

**and mail to:**

**Katie Cunnington, Coordinator  
8 Tamarack Pl., Ingersoll, ON N5C 3Z3**

**E-mail: HYPERLINK "mailto:parishnursing@capnm.ca"**

[capnm.secretary@gmail.com](mailto:capnm.secretary@gmail.com)

**Telephone: 519-425-9078**

**Charitable No: 86100 6534 RR 0001**