



**CANADIAN ASSOCIATION FOR PARISH NURSING MINISTRY  
ORGANIZATIONAL MEMBERSHIP FORM**

New

Renewal

Name of Organization:

Date:

Name of Contact Person:

Preferred Salutation:

Please state Other:

Address:

City:

Province/Territory:

PC:

Email:

Tel :

Fax:

Denomination:

Faith Community Address:

**Fees for Jan 1 to Dec 31, 2021 – \$100.00**

**\*\*\* 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 and 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](http://www.capnm.ca/sponsors.htm)

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

\$50     \$100     \$500     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

**For All Payments:**

Make cheque payable to "CAPNM" and mail to:

Shelly Monaghan, Coordinator

776518 Blandford Road, RR#1, Bright, ON N0J 1B0

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

Telephone: 226-228-5215

E-transfer available: send to [capnm.secretary@gmail.com](mailto:capnm.secretary@gmail.com)