



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

New  Renewal

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province/Territory: \_\_\_\_\_ PC: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel (H): \_\_\_\_\_  
Fax: \_\_\_\_\_ Tel (W): \_\_\_\_\_  
Denomination: \_\_\_\_\_ Faith Community Address: \_\_\_\_\_

**Fees for January 1st to December 31st: Individual: \$50 (\$40 if paid by December 31st) Student: \$20**

**\*\*\* 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)

YES! I would like to support the Canadian Association for Parish Nursing Ministry by making a donation of:  
 \$25  \$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

---

**To Submit Payments:**

**Make cheque payable to "CAPNM" and mail to:**  
Shelly Monaghan, Coordinator  
776518 Blandford Road, RR#1, Bright, ON NOJ 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)**