



**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 January 1st to December 31st – \$100.00 per Organization

***** 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

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

Telephone: 226-228-5215

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