

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

□ New	☐ Renewal	
Name:		Date:
Address:		City:
Province/Territo	ory:	PC:
Email:		
Tel (H):		Tel (W):
Fax:		Denomination:
Faith Communit	y Address:	
Fees for Jar		vidual: \$50 (\$40 if paid by Dec 31/2022) Student: \$20 eck the category to which you belong: ***
☐ Parish Nurse	/ Faith Community Nurse	
(RN hired or rec	cognized by a faith community to	carry out a health promotion ministry)
☐ Retired Paris	h Nurse / Faith Community	Nurse
☐ Student Paris	sh Nurse / Faith Communit	y Nurse
☐ Individual (an	y person interested in parish nur	sing / faith community ministry not included under another membership category)
Are you a memb	er of CNA? Yes 🗆	No 🗆
Are you a memb	er of your provincial intere	st group for Parish Nursing/Faith Community Nursing?
Yes □ No	o 🗆 In What Provi	nce/Territory:

Please Consider INDIVIDUAL SPONSORSHIPS & DONATIONS



CAPNM is Celebrating its 25th Anniversary in 2023!!

Please consider giving a gift of \$25.00 for 25 years, to help CAPNM continue its ministry work across Canada. For your additional donation of \$25.00, you will receive a beautiful CAPNM tote bag.

Because of CRA regulations, a tax receipt for \$15.00 will be issued for this donation.

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

Charitable No: 86100 6534 RR 0001



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YES! I would like to support the Canadia	n Association for Parish Nursing Ministry by making a donation of :
	e CAPNM 25 th Anniversary (including tote bag) A regulations, a tax receipt for \$15.00 will be issued for this donation.
·	the CAPNM 25 th Anniversary (no tote bag) donation but would prefer to not have a tote bag, a \$25.00 tax receipt will be issued.
□ \$50 □ \$100	Other (specify amount) \$
Tax deduct	sible receipts will be issued for donations of \$10.00 or more.
I would like to have my Sponsorship / D	onation recognized on the CAPNM website: Yes \Box No \Box
Make cheque payable to "CAPNM" and r	nail to:
Chi	ristine Fournier, Coordinator
19	Dufferin Street, P.O Box 302, Burford, Ontario N0E 1A0
E-n	nail: <u>capnm.secretary@gmail.com</u>
Tel	ephone: 226-922-1807
E-tı	ransfer available: send to capnm.secretary@gmail.com and email
pas	sword answer to the same email.

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