



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

New

Renewal

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

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

Province/Territory: \_\_\_\_\_ PC: \_\_\_\_\_

Email: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Denomination: \_\_\_\_\_

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

## Individual Membership Options

Fees for Jan 1 to Dec 31, 2024 – Individual: \$50 (\$40 if paid by Dec 31/2023) Student: \$20

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

Parish Nurse / Faith Community Nurse

(RN hired or recognized by a faith community to carry out a health promotion ministry)

Retired Parish Nurse / Faith Community Nurse

Student Parish Nurse / Faith Community Nurse

Individual (any person interested in parish nursing / faith community 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/Faith Community Nursing?

Yes  No  In What Province/Territory: \_\_\_\_\_

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## 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](http://www.capnm.ca/sponsors.htm)

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

\$10.00  \$15.00  \$20.00  \$25.00

\$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



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I would like my contact information, including my phone number, email address, city and province to be shared with other registered members of CAPNM.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature : \_\_\_\_\_

Make cheque payable to "CAPNM" and mail to:

Christine Fournier, Coordinator

P.O Box 302, Burford, Ontario N0E 1A0

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

Telephone: 226-922-1807

**E-transfer** available: send to [capnm.secretary@gmail.com](mailto:capnm.secretary@gmail.com) and email password answer to the same email.