



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

2026 ☐ New ☐ Renewal

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Preferred Salutation: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Rev. ☐ Sr. Other ☐

Please state Other: \_\_\_\_\_

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

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

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

Tel : \_\_\_\_\_ Fax: \_\_\_\_\_

Denomination: \_\_\_\_\_ Date: \_\_\_\_\_

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

Fees for January 1st to December 31st, 2026– \$120.00

\*\*\* 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 & 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)

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

- ☐ \$25
- ☐ \$50
- ☐ \$100
- ☐ \$500
- ☐ Other (specify amount) \$ \_\_\_\_\_

Tax deductible receipts will be issued for donations of \$10.00 or more.



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**We would like to have our Sponsorship / Donation recognized on the CAPNM website: Yes ☐**  
**No ☐**

Make cheque payable to "CAPNM" and mail to:

CAPNM  
c/o Angela Rueda - Coordinator  
12142 Appletree Cres  
Tecumseh, ON N8N 4A5

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

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

If a password is required for the e-transfer, please send the password to the same email address as the transfer.