

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

□ New □ R	Renewal			
Name:		Dat	e:	
Address:		City:		
Province/Territory:		PC:		
Email:				
Tel (H):		Tel (W):		
Fax:	Denomination:			
Faith Community Address	s:			
ı	ndividual Membe	rship Option	S	
Fees for Jan 1 to Dec	: 31, 2025 – Individual: \$60 <i>(</i> .	\$50 if paid by Dec 31/2	024) Student: \$20	
**	* Please check the categor	r <u>y below to which</u>	you belong: ***	
☐ Parish Nurse / Faith Co	mmunity Nurse			
(RN hired or recognized by a	a faith community to carry out a healt	th promotion ministry)		
☐ Retired Parish Nurse /	Faith Community Nurse			
☐ Student Parish Nurse /	Faith Community Nurse			
☐ Individual (any person into	erested in parish nursing / faith comr	nunity ministry not includ	ed under another membership category)	
Are you a member of CNA	? Yes □ No □			
Are you a member of your	provincial interest group for P	arish Nursing/Faith (Community Nursing?	
Yes □ No □	In What Province/Territory:			
Add	itional Sponsorshi	p & Donatio	n Options	
"FRIENDS" OF CAPNM:	☐ An annual \$125 sponso	orship to CAPNM		
"SPIRIT ANGEL" for CAPNA	<u>M</u> : ☐ An annual \$250 sponso	orship to CAPNM		
You can find more details a	at: <u>www.capnm.ca/sponsors.h</u>	<u>tm</u>		
YES! I would like to suppor	t the Canadian Association for	Parish Nursing Minist	ry by making a donation of :	
□ \$10.0	00	□ \$20.00	□ \$25.00	
□ \$50	☐ \$100 ☐ Other Tax deductible receipts will be issue	(specify amount) \$ d for donations of \$10.00 or mo		

I would like to have my Sponsorship / Donation recognized on the CAPNM website: Yes $\ \square$ No $\ \square$

Charitable No: 86100 6534 RR 0001



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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:		
	CAPNM		
	c/o Monica Bax-Minow, Coordinator		
	PO Box 22008		
	RPO Elmwood Square		
	St Thomas, ON N5R 6A1		

E-mail: capnm.secretary@gmail.com

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

password answer to the same email.

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