



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

2025

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, 2025 – \$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

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
% Monica Bax-Minow
PO Box 22008, RPO Elmwood Square
St Thomas, ON N5R 6A1

E-mail: capmn.secretary@gmail.com

E-transfer is available: send to capnm.secretary@gmail.com and email password to same email address.