

Parish Nurse Ministries of New York, Inc.

***Mailing Address: Parish Nurse Ministries of New York, Inc., PO Box 842, Buffalo, N.Y. 14240**

OFFICE-179 Clark St (Corpus Christi Complex), Buffalo, N.Y. 14212

716-834-4465, pnmny179@gmail.com, www.pnmny.org

Membership Application/Renewal

Check One:

Faith Community Nurse _____ Affiliate Member _____ Student Nurse _____
Practicing RN-\$30/year _____ Supports PNMNY, Inc.- \$15/year _____ \$15/year _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Cell _____ Home _____ Office _____

Email: _____

Are you working as a Parish Nurse? Yes _____ No _____

Parish/Faith Community _____ Phone _____

Address: _____ Email: _____

Is this a membership renewal? Yes ___ No ___

May we include your name and contact information, including email address in correspondence, publications and sharing mailing lists with members of PNMNY, Inc.?

Yes _____ No _____ Other organizations? Yes _____ No _____

If "Yes", how would you like to be listed? _____

Please indicate areas of Interest within PNMNY, Inc.:

Membership _____ Public relations/Marketing _____
Programs _____ Development/Special Events _____
Hospitality _____ Nominating/Elections _____

Have you completed the Foundations of Faith Community Nursing Course?

Yes _____ No _____

If Yes: When? _____ Where? _____

Are you interested in the Foundations course for FCN? Yes _____ No _____

Enclosed is my Check: _____ \$30 Practicing RN, _____ \$15 Affiliate Member _____ \$15 Student Nurse

***Payable to: Parish Nurse Ministries of New York, Inc.**

Signature: _____ Date: _____