

PARISH NURSE MINISTRIES OF NEW YORK, INC  
.MEMBERSHIP APPLICATION/RENEWAL

Please Print

Membership type:  Faith Community Nurse (Practicing RN: \$50/year)  Affiliate Member\* (Affiliate Member: \$35/year)  Student Nurse (Student Nurse: \$15/year)

First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

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

Are you working as a Parish Nurse/Faith Community Nurse?  Yes  No

If Yes, Parish/Faith Community: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 your 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 of Faith Community Nursing Course?  Yes  No

Enclosed is my check made payable to Parish Nurse Ministries of New York, Inc.:




- \$50 Practicing RN  \$35 Affiliate Member\*  \$15 Student Nurse

\*Affiliate Member: Organizations or individuals demonstrating an interest in supporting parish nursing may become affiliate members; per Bylaws shall not vote at meetings of the members.

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

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

**Office:** St. Peter's Church, 205 Longmeadow Rd, Eggertsville, NY 14226

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