



ELCA Parish Nurse Association Annual Membership, 2010

Annual membership is based on the calendar year. Please complete and return this form with your dues. **Note:** *We will primarily communicate by e-mail unless otherwise indicated on the form.* www.elcapna.org

*Name (please print) _____

*E-mail Address _____ No e-mail

*Home address, city, state, zip code: _____

Church and Synod (currently as Parish Nurse) _____

Church address, city, state, zip code _____

*Phone (Home) _____ Cell phone _____

Phone (Church) _____

*Essential for Association Records

Mailing Preference: _____ Home address _____ Church address

Membership Dues	\$30.00
(includes national membership)	
Gift for development of new Parish Nurse Programs	\$ _____
Additional Gift	\$ _____
Total	\$ _____

Check all that apply:
<input type="checkbox"/> Completed PN Prep Course
<input type="checkbox"/> Paid Parish Nurse
<input type="checkbox"/> Volunteer Parish Nurse
<input type="checkbox"/> Retired Parish Nurse
<input type="checkbox"/> ELCA Member
Approximate hours/week _____

_____ Check enclosed **Payable to:** ELCA Parish Nurse Association

Please return to: ELCA Parish Nurse Association,
PO Box 8117, St. Paul, MN 55108-0117

_____ I do NOT want my information shared with the ELCA or wellness partners.

_____ I do not wish to receive further mailings or e-mails. Please return this form to the address above, or e-mail Phyllis Bruce at phyllis.bruce@goodshepherdmpls.org requesting your name be deleted.

Note: Your membership will expire 12-31-10

Let your light shine. Matt. 5:16