



MEMBERSHIP APPLICATION

www.parishnursingalberta.ca

Year: _____ ☐ NEW ☐ RENEWAL

NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ EMAIL: _____

PHONE: (H) _____ (C) _____ (W) _____

FAITH COMMUNITY: ADDRESS _____

DENOMINATION: _____

MEMBERSHIP INFORMATION

Membership Year – January 1 to December 31

Fees: \$25.00 per year for all categories of membership.

Make cheque payable to: PNA

Cheque must accompany completed application form.

MEMBERSHIP CATEGORY:

☐ ACTIVE (Active registration with CARNA____, employed (paid) as Parish Nurse____, volunteer as Parish Nurse____)

☐ ASSOCIATE (Associate registration with CARNA____, active registration with other regulatory organization)

☐ AFFILIATE (Retired RN____, Individual supporting the activities and members of PNA)

Describe role or area of interest _____

Membership lists will be used by my PNA Executive to conduct the business of the Association. The information you provide will be kept confidential and used only by PNA to send you information about PNA updates and events.

My personal information may be circulated to other members of PNA. ☐ Yes ☐ No

I wish to receive e-mails and other information relevant to Parish Nursing practice. ☐ Yes ☐ No

Applicant's Signature _____ Date _____

Contact us:

Mail – Parish Nursing Alberta, c/o Rose Merke, #101 5204 25 Ave., Edmonton, AB T6L 6R2

Phone – (780) 953-8920 E-mail – rmerkete@telus

For Office Use Only:

Form complete _____ Cheque enclosed _____ Receipt _____ E-mail list _____ Membership list _____