



MEMBERSHIP APPLICATION

www.parishnursingalberta.ca

Year: _____ NEW RENEWAL

NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ EMAIL: _____

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

FAITH COMMUNITY: ADDRESS _____

DENOMINATION: _____ Employed (paid) as Parish Nurse ___, volunteer as Parish Nurse ___

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

Etransfers: pna.banking@gmail.com Remember to add \$1.50 to cover our banking fees (\$26.50 total)

ACTIVE (Registered with CRNA___)

ASSOCIATE (Retired RN___, Nursing Student ___, active registration with other regulatory organization ___)

AFFILIATE (Individual supporting the activities and members of PNA___)

Describe role or area of interest _____

Membership lists will be used by 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 Janelda Cornfield @ 4019 19 Ave. NW, Edmonton, AB T6L 3C6

Phone – (780) 906.3023 E-mail – janelda.cornfield@shaw.ca

For Office Use Only:

Form complete: _____ Cheque enclosed: _____ Receipt: _____ email list: _____ Membership list: _____