



Evangelical Lutheran Parish Nurse Association (ELPNA) Annual Membership 2017

Annual membership is based on the calendar year, January 1-December 31, 2017.
Complete and return this form with your dues.

Note: We will primarily communicate by e-mail unless otherwise indicated on the form
Web site: www.elpna.org

New Membership Renewal (No change in information) Date _____

* Name (please print) _____

* E-mail Address _____ No E-Mail

* Home address, city, state, zip code:

* Church currently working as Parish Nurse _____

* Address _____

* Church Phone Number: _____

Lutheran Affiliation _____ If ELCA list Region and Synod _____

Home Church (if different) _____

Address _____

* Preferred personal phone number _____

*** Essential for Association Records**

Mailing Preference: Home address Church address

* Membership Dues	* Parish Nurse Status: Check all that apply
Amount.....\$30/year (Region - \$20, National - \$10) Gift for new parish nurse education ... \$ _____ Additional gift..... \$ _____ Total \$ _____	<input type="checkbox"/> Completed PN Prep Course <input type="checkbox"/> Paid Staff <input type="checkbox"/> Unpaid Staff/Volunteer <input type="checkbox"/> Retired Approximate hours/week _____

Check enclosed **Payable to: Evangelical Lutheran Parish Nurse Association**
Please return to: Evangelical Lutheran Parish Nurse Association
PO Box 8117, St. Paul, MN 55108-0117

Note: Your information will not be shared with any other outside agency or organization.
 I do **NOT** want my name, church name, city, state, and e-mail listed on a membership list in the Regional Page of the Web Site.

Let your light shine Matthew 5:16