Evangelical Lutheran Parish Nurse Association (ELPNA) Annual Membership 2018

Annual membership is based on the calendar year, January 1-December 31, 2018.
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 …..... $_____**	_____ Completed PN Prep Course _____ Paid Staff _____ Unpaid Staff/Volunteer _____ 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