



Evangelical Lutheran Parish Nurse Association - (ELPNA) Membership Form 2020

Annual membership is based on the calendar year, January 1 - December 31.

Please complete and return this form with your dues.

Note: We primarily communicate by e-mail or our website

Website: www.elpna.org

Membership status: New Renewal (No change in information) Date _____

Name (please print) _____

Phone # (with area code): (_____) _____ E-mail Address _____

Home address: _____ City/State _____ Zip code _____

Current Status: Working as a paid Parish Nurse Unpaid Staff Parish Nurse
 Retired Parish Nurse

If you are working as a Parish Nurse: ___# of hours per week work or volunteer as a Parish Nurse

* Church currently working at as Parish Nurse _____

* Church address: _____

* Church address City _____ State _____ Zip Code _____

* Church Phone # (with area code): (_____) _____ E-mail Address _____

* 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

Payment	Initial Parish Nurse Preparation (Check all that apply)
Annual Membership Fee.....\$ 30.00 (Region - \$20, National - \$10)	<input type="checkbox"/> Completed Foundations Course Year _____
Gift for new parish nurse education \$ _____	<input type="checkbox"/> Other College or University Course Year _____
Total\$ _____	

**Enclose/mail check payable 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. Please check here if you desire to limit your information on the ELPNA website:

I do NOT want my name, church name, city, state, and e-mail listed on a membership list in the Regional Page of the Website.

Let your light Shine -- Matthew 5:16