



Evangelical Lutheran Parish Nurse Association - (ELPNA)

Membership Form 2021

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: www.elpna.org

Note: Faith Community Nurse (FCN) & Parish Nurse (PN) are both used interchangeably on this form.

Membership status: ___New ___Renewal (No change in information ___) Date_____

Name (please print) _____

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

Home address: _____ City/State_____ Zip code_____

Current Status: ___Working as a paid FCN ___Unpaid Staff FCN ___Retired Parish Nurse

If you are working as a FCN: _____# of hours per week work or volunteer as a FCN/PN

* Church currently working as FCN/PN _____

* Church address: _____

* Church address City_____ State_____ Zip Code_____

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

* Lutheran Affiliation _____ * If ELCA list Region and Synod_____

Home Church (if different) _____

* Preferred personal phone number _____

**Essential for Association Records*

Mailing Preference: ___Home address ___Church address

Payment	Initial Parish Nurse Preparation
Please choose from one of the following options for renewal: <input type="checkbox"/> One year renewal \$40 \$ _____ <input type="checkbox"/> Two year renewal \$60 \$ _____ <input type="checkbox"/> Life time renewal \$300 \$ _____ <input type="checkbox"/> Foundations course new Graduate – First year \$25 \$ _____ Gift for new parish nurse education \$ _____ Total \$ _____	___Completed Foundations Course Year _____ ___Other College or University Course Year _____ <div style="background-color: yellow; padding: 5px;"> Return your renewal before January 31, 2021 and be entered into a drawing for one of TWO exciting Parish Nurse Renewal gift boxes full of lovely treats and resources! </div>

**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 any of my information listed on the Regional Page of the Website.

Let your light Shine -- Matthew 5:16