



Northwest Parish Nurse Ministries (NPNM)

Congregational Membership Application/Renewal

THANK YOU FOR YOUR SUPPORT! It is YOUR PARTNERSHIP and GENEROSITY that keep our ministry alive. Together we advance wellness and wholeness within and outside our communities of faith.

Congregation _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone _____ Webpage _____

Pastor(s) _____

Email(s) _____

Active Faith Community Nurses/Health Ministers in our congregation who have completed the Basic Parish Nurse Training Curriculum:

Faith Community Nurse(s) _____

Health Minister(s) _____

Check all that apply:

Our faith community nurse is: Volunteer Paid

We have on file a job description for our faith community nurse Yes No

We currently have an active Health Cabinet, Health Ministry Committee or something similar.

Yes No Our name for it is: _____

Congregational Memberships range from \$100 to \$500 depending on the size of the congregation.

The size of our congregation is _____. We are submitting a check for \$_____.

The benefits of congregational membership are:

- ❖ Consultation and support on Health Ministry development..
- ❖ Materials and staff support for celebrating a Health Ministry Sunday.
- ❖ Discounts on books and trainings and conferences sponsored by NPNM for memberships of \$300 and above.
- ❖ Access to "congregational member" section of the webpage, including *Toward a Theology of Wholeness* monthly bulletin inserts.
- ❖ Site and participant priority for special programs and projects when appropriate.

Send membership fee to:

Northwest Parish Nurse Ministries (NPNM)
2801 N. Gantenbein Ave., Rm 1072
Portland, OR 97227
Phone: 503-413-2585