**Nazarene Parish Nurse Association**

**Membership Application**

There is a $25 fee per year for each member. Members will have access to the website which will include the following benefits:

1. Access to the website with important resources for faith community nurses
2. Access to a panel of experts and other colleagues with health ministry experience
3. Receive a quarterly newsletter with important local and national updates
4. You will be supporting our efforts to grow health ministry teams within the Nazarene Church

*Application*

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials \_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Place of Worship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

Are you currently a Faith Community Nurse? \_\_\_\_\_

If so what is the name of the church?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After completing the form please mail form and a check in the amount of $25 made out to “Nazarene Parish Nursing Association” to us at the address listed below:

Nazarene Parish Nurse Association

C/O Angel Smothers: Board Member

110 Forest Dr

Morgantown, WV 26505