

Are you interested in the Foundations of Faith Community Nursing Course? ☐ Yes ☐ No

Enclosed is my check made payable to Faith Community Nurse Ministries of New York, Inc.:

☐ \$50 Practicing RN ☐ \$35 Affiliate Member* ☐ \$15 Student Nurse

**Affiliate Member: Retired Faith Community Nurses, Licensed Practical Nurses, organizations or individuals demonstrating an interest in supporting Faith Community Nursing; per Bylaws may attend meetings and participate in all activities but will not be voting members.*

***Current FCNMNY, Inc. Officers may choose to waive the membership fee during their term.*

Signature: _____ Date: _____

Mailing Address: Faith Community Nurse Ministries of New York, Inc., PO Box 842, Buffalo, NY 14240

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