

**NETWORK OF RELIGIOUS COMMUNITIES
RELIGIOUS ORGANIZATION MEMBERSHIP FOR 2015**

() We intend to continue our membership in the Network of Religious Communities for 2015

COMMITMENT:

() We support the mission and purposes of the Network of Religious Communities.

() We have contributed at the membership level for the year 2014

() We will will financially support the NRC at the membership level or above in 2015. The minimum contribution for religious organizations is \$50.00. **Support above the minimum is requested.**

() We wish to make an additional contribution of _____ for the year 2014.

Our representative to the Board of Governors for the year 2015 will be:

Name	Primary Phone
Mailing Address	Primary e-mail

Our alternate representative to the Board of Governors during the next year will be:

Name	Phone
Mailing Address	e-mail

AUTHORIZED SIGNER FOR THE RELIGIOUS ORGANIZATION

Signed _____

Position: _____

Religious Organization **PARISH NURSE MINISTRIES OF NEW YORK**

Official mailing address: _____

_____ Zip _____ Email _____

Information your organization would like to share with the Network of Religious Communities

Please feel free to attach additional pages.

Please return to : The Network of Religious Communities
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Buffalo, NY 14209-2496
E-mail

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FAX 882-3797
religiousnet@mac.com