

membership *form*

Please fill in the spaces provided, writing clearly in capitals.

Title	Surname	Christian Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualifications

Address

Telephone	E-mail
<input type="text"/>	<input type="text"/>

Present Occupation

Specialist Interest(s) / Skills (ministry or nursing)

Important Information

- Membership includes receipt of quarterly newsletter and information about CNM activities nationally and locally
- CNM Aims:
 - To encourage Christian Nurses and Midwives to grow in their knowledge of Christ and to make Him known
 - To promote Christian principles within nursing and midwifery
 - To develop a network of Christian Nurses and Midwives for fellowship and prayer
 - To strengthen and support the work of Christian Student Nurses and Midwives (CSNM)
 - To support the work of nursing and midwifery missionaries throughout the world who are in agreement with our doctrinal basis (*see overleaf*)
- Money:

I enclose a cheque for £20.00 to cover the cost of one year's membership

I would like more information about including CNM in my regular giving

I enclose a gift of towards the running costs of CNM (*cheques made payable to CNM*)
- Declaration: I am in sympathy with the aims of CNM and its doctrinal basis (*see 'about us' on the website*). I declare my personal faith in Jesus Christ who is my saviour and I accept the Bible as the supreme authority in all matters of faith and conduct.

Signature	Date
<input type="text"/>	<input type="text"/>