



Curatio Membership Registration Form

Annual membership fee: **\$35.00**

Date:		
Name:	Profession (RN, MD, PT)	
Address:		
City:	State:	Zip:
Phone:	Email:	
Place of employment (Optional):		

Be sure to fill out your email address to receive discounted prices on events and retreats, as well as regular updates on activities and events.

Please send or e-mail the registration form and mail your membership fee to:

CURATIO

P.O. Box 18596

Minneapolis, MN 55418

Email: curatioevent@gmail.com

Phone: 651-329-6999

Make Checks payable to: **Curatio**

Curatio provides its members with:

- Opportunities to network with other Catholic healthcare workers
- Intellectual formation
- Tools to equip them to faithfully confront ethical dilemmas affecting health care
- Faith formation, prayer support, liturgical celebrations, retreats
- Support in their vocation as a Catholic healthcare worker
- Notification of upcoming events
- Notification regarding pertinent issues regarding healthcare
- Discounted fees for events

- ***Enrollment by our Chaplain monthly in the Mass intentions at the celebration of each First Friday Mass***