



**MEMBERSHIP APPLICATION**

Name of Faith Community \_\_\_\_\_

Denomination \_\_\_\_\_

Location Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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

Name and email of clergy:  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Bishop or Judicatory Head: \_\_\_\_\_

*Faith communities with membership under 300 may have two (2) delegates: over 300 three (3) delegates*

Name	Address	Telephone number	Email Address

Dues of two dollars (\$2.00) per active member per year is recommended for membership.

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_