

2010 Membership Form

Mr. Ms.
 Mrs. Dr.

_____ Last Name First Name Middle Name Birthdate

Marital Status Married Single Widowed Other...

Current Church Member? Yes No

Mr. Ms.
 Mrs. Dr.

Husband Wife

_____ Last - First - Middle Name Church Member? Birthdate

Address

_____ Street City State Zip Code

Telephone#

_____ Home Work Work -Spouse

For family information purposes, please list children under 21 living at home. List last name if different than above. Use reverse side if necessary.

_____ Last Name First Name Middle Initial Birthdate

Son Daughter
 Son Daughter
 Son Daughter
 Son Daughter
 Son Daughter
 Son Daughter

Membership Dues*

Individual Membership

	No.	Amount Due
<input type="radio"/> Honorary Member, Age 85 or older None	X _____	= _____
<input type="radio"/> Honorary Member, Age 85 or older, optional pledge \$85.00	X _____	= _____
<input type="radio"/> Age 70-84 or disabled \$155.00	X _____	= _____
<input type="radio"/> Age 21-69 \$230.00	X _____	= _____

Family Membership

<input type="radio"/> Couple with dependent children \$460.00	X _____	= _____
<input type="radio"/> Single parent with dependent children \$230.00	X _____	= _____

* First-time Members shall have their annual dues prorated for the first year of their membership.
 The cost will be calculated based on the number of remaining (complete) months of the year divided by 12 and multiplied by the annual cost.

Total _____

Membership	Semi-Annual	Quarterly	Monthly
\$460.00	\$230.00	\$115.00	\$46.00
\$385.00	\$192.50	\$ 96.25	\$38.50
\$230.00	\$115.00	\$ 57.50	\$23.00
\$155.00	\$ 77.50	\$ 38.75	\$15.50

Check (*) Payment Preference: Annual Semi-Annual Quarterly Monthly (10 payments)

Comments: _____

Month	Amt Pd	Date Rcd	Check #	Previous Balance	New Balance	Month	Amt Pd	Date Rcd	Check #	Previous Balance	New Balance

For Office Use Only Recd By: _____