

INTERFAITH OUTREACH ASSOCIATION

P. O. Box 1125
701 Clay Street
Lynchburg, VA 24505

Phone: 434.846.6098 Fax: 434.846.1040 Email: IOA@ntelos.net www.interfaithoutreach.org

MEMBERSHIP APPLICATION

Name of Congregation: _____

Name of Clergy: _____

Address: (street, P.O. Box) _____

(city, state, zip) _____

Telephone: (_____) _____

Fax Number: (_____) _____

Email Address: _____

IOA requests the names of two representatives (with voting privileges) in addition to Clergy:

First Representative: _____

Address: (street, city, state, zip) _____

Email address & telephone: _____/(_____) _____

Second Representative: _____

Address: (street, city, state, zip) _____

Email address & telephone: _____/(_____) _____

To whom will the Interfaith Outreach representatives report?

Please circle: Committee Individual Minister

Name of Person Reporting to: _____

*As an expression of our commitment to IOA, we intend to provide financial support in the amount of
\$ _____ to be distributed _____ monthly _____ quarterly _____ annually

*When considering your financial support to Interfaith Outreach, please consider increasing proportionately the amount given to Interfaith Outreach yearly. We are YOUR Association and can only do what you allow us to do.