

**MEMBERSHIP APPLICATION**

Name of Congregation: \_\_\_\_\_

Name of Clergy: \_\_\_\_\_

Address: (Street or P.O. Box) \_\_\_\_\_

(City, State & Zip Code) \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Secretary: \_\_\_\_\_

*IOA requests the names of a representative (with voting privileges) in addition to Clergy:*

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email Address & Telephone Number: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

To whom will 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: (Please Circle) Monthly Quarterly Annually

During which month does fiscal *planning* begin? \_\_\_\_\_

During which month does the fiscal year begin? \_\_\_\_\_

Please complete the following information about the person completing the application:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

\*When considering your financial support, 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.

Please return this application to: Interfaith Outreach Association, P.O. Box 1125, Lynchburg, VA 24505

*"Uniting Faith in Service"*