

## **Christian Education Network**

## of the ELCA

"... that they may be encouraged in heart and united in love ..."

Colossians 2:2

#### **Individual Membership Form**

Please print clearly. Make check or money order payable to the Christian Education Network of the ELCA and return to our office address listed below. We are a 501 (c) (3) non-profit organization. Any contribution above the individual fee is tax-deductible to the extent allowed by current IRS regulations. Please consult your tax advisor. To join as a group see other side.

current IRS regulations. Please con	suit your tax aavisor.	o join as a group see otner sid	ie.	
Individual Members	hip:			
☐ Supporting (formerly (10% of Supporting Member designated to the Endown	ership dues are	□ Individual \$50	□ Stude □ Retire	
Name				
Position				
Preferred mailing ad				
Home Address/Contact In	,			
City				
Phone		_E-mail		
Church or Organization In	formation:			
Name				
Denomination		Synod	(if ELCA)	
Street				
City		Sta	te	Zip
Office Phone	F	:-mail		
Roles in Christian Faith F	ormation Minist	ries (Check all that ap	ply):	
□Full-time Church Staff □Retired □Resource Center Staff □Synod Staff □Seminary Faculty/Staff			∃ Student ∃Clergy ∃ Other	$\square$ AiM
Working with (Check all t	hat apply): $\Box$ Chi	ildren □Youth □You	ng Adults □A	dults
May we list your name on (Your information will be k website accessible only to	kept private and i			e faithfulteaching.org
CENetwork Attention: Stephanie Pasch, Coor	dinator Men	nbership Fee		
P.O. Box 9304		e a Donation (Tax-deduct	tible)	
Rochester, MN 55903	Total	al Enclosed		

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☐ <b>Small Congregation M</b> includes a membership for			worshipping less than 150 p taff person as designated by	
☐ Group Membership \$1	180 for a group of 4 perso	ons - Add mei	mbers to the group for \$40	per person
Church or Organization				
Denomination	Sy	nod (if ELCA	۸)	
Primary Contact				
Address				
City	St.	ate	Zip	
Phone	E-mail			
Members:				
Name		Name		
Phone E-mail _		Phone	E-mail	
Name		Name		
Phone E-mail _		Phone	E-mail	
Name		Name		
Phone F-mail		Phone	F-mail	

CE	Ne	tw	or	K
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Attention: Stephanie Pasch, Coordinator

**Group Membership\*\*:** 

P.O. Box 9304 Rochester, MN 55903 Membership Fee

**Total Enclosed** 

Make a Donation (Tax-deductible)