

## MEMBERSHIP APPLICATION FORM

Please fill in the information below, together with the appropriate dues amount in US dollars, and mail the form and dues to the Treasurer at the address below.

If you desire to pay using our PayPal account (via [www.skcm-usa.org](http://www.skcm-usa.org), our website), please also email this information to the Secretary-Treasurer. Thank you.

DAVID LEWIS, FAAO, OL, TREASURER/ADMINISTRATOR, SKCM (AMERICAN REGION)  
1001 WILSON BLVD., #405, ARLINGTON VA 22209-2258 USA  
MEMBERSHIP@SKCM-USA.ORG

**I wish to become a member at the following membership rate:**

- \_\_\_ \$25 for first year of membership (new regular member, first year) (includes devotional manual and membership ID item)
- \_\_\_ Additional years for regular membership (for \_\_\_ years,  $\$15 \times \underline{\hspace{1cm}} = \$\underline{\hspace{1cm}}$ )
- \_\_\_ \$10 per year for annual student membership (for \_\_\_ years,  $\$10 \times \underline{\hspace{1cm}} = \$\underline{\hspace{1cm}}$ )
- \_\_\_ \$260, Life Membership (age 65+)    \_\_\_ \$350, Life Membership (under age 65)

**Please clearly fill in the below:**

Title: The Rev'd \_\_\_ Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Ms. \_\_\_ (Other: \_\_\_\_\_)

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

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

\_\_\_\_\_

City, State/Province, Postal Code, Country: \_\_\_\_\_

Church/jurisdiction and parish: \_\_\_\_\_

Email address: \_\_\_\_\_