**CONNECTIONAL LAY COUNCIL**

**Mail CLC Form & Dues To:**

**Connectional Lay Council**

**PO Box 26770**

**Charlotte, NC 28221-6770**

**704.599.4630 Ext. 2566**

**Connie Bell Wright**

**Second Vice President**

**Membership Chairperson**

**704.724.2759**

**MEMBERSHIP FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Episcopal District**  **Episcopal District:** | | | | | **Conference:** | | | | **P. E. District:** | | | | | | | |
| **Local Church:** | | | | | **Pastor:** | | | | **Local President:** | | | | | | | |
| **PLEASE TYPE OR PRINT** | | | | | | | | | | | | | | | | |
| **NAME** | | | | | **CODE** | **ADDRESS** | | | **CITY** | | | | | | **ST** | **ZIP CODE** |
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| **Connectional Lay Council Dues Structure** | | | | | | | | | | | | | | | | |
| **Connection** | **Region** | **Conference** | **District** | | **Local Church** | | **Total** | **Membership Type** | **Code** | **Number of Members** | **(Connection + Region)** | | **Amount Sent to CLC** | | | |
| $ 2.00 | $ 1.00 | $ 0.50 | $ 0.50 | | $ 1.00 | | $ 5.00 | **Regular** | **R** | x | **$ 3.00** | | **$** | | | |
| $ 8.00 | $ 4.00 | $ 2.00 | $ 2.00 | | $ 4.00 | | $ 20.00 | **Quadrennial** | **Q** | x | **$12.00** | | **$** | | | |
| $ 25.00 | $ 15.00 | $ 10.00 | $ 25.00 | | $ 50.00 | | $ 125.00 | **Life** | **L** | x | **$40.00** | | **$** | | | |
| $ 2.50 | $ 1.00 | $ 1.00 | $ 0.50 | | $ 5.00 | | $ 10.00 | **Sustaining Life** | **S** | x | **$ 3.50** | | **$** | | | |
|  | | | | | | | | **Total sent to CLC** |  |  |  | |  | | | |
| **Expiration Date: Month & Year** | | | | **Name(s) of Deceased Life Member(s)** | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
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| **Local Contact information** | | | | **Email address:** | | | | | **Telephone #** | | | | | | | |
| **\*NAME** | | | | **\*MAILING ADDRESS** | | | | | **\*CITY** | | | **\*ST** | | **\*ZIP CODE** | | |
|  | | | |  | | | | |  | | |  | |  | | |
| **Date Sent to CLC:** | | | |  | | | | | **Date received at CLC office:** | | | | | | | |
|  | | | | ***\*Please Complete Local Contact Information*** | | | | |  | | | | | | | |

**Email Electronic Form To: clcoffice@amezhqtr.org**