|  |  |  |  |
| --- | --- | --- | --- |
| Name (of Congregation, Organization, or Individual) | | | |
|  | | | |
| Religious Affiliation | | |  | |
| Street Address |  | |  | |
| Website Address | |  |  | |

|  |  |  |
| --- | --- | --- |
| **Applying As:** | | Annual Dues (Jan – Dec) as of 2023 |
| 🞎 | Congregation | $125.00 |
| 🞎 | Faith-based Organization | $45.00 |
| 🞎 | Spiritual Independent or Individual | $30.00 |
| (Reduced dues can be requested from the President of EAIC.) | | |

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| --- | --- | --- | --- | --- | --- |
| Is your group a 501(c)3 organization? Yes/No  Does your group agree with the goals and structure of the Eden Area Interfaith Council, as spelled out in the organizational by-laws? Yes/No | | | | | |
| Designated representative for your organization: | | | | | |
|  | | | | | |
| Email |  | Phone | |  | |
| Alternate designated representative for your organization: | | | | | |
|  | | | | | |
| Email |  | Phone | |  | |
| Signature of Authorized Officer or Individual: | | | | | |
|  | | | Date | |  |

Email completed application to: membership@edeninterfaith.org