



Individual or Family Membership

Membership fees help us keep the cost of our materials to a minimum.

Membership Application/Renewal

(You may also apply at theclcc.org and use PayPal.)

Individual \$30

Family \$50

Please print

Name: _____ Title: _____
First, Middle Initial, Last

Phone: _____ Cell: _____ Email: _____

Spouse Name: _____ Title: _____
First, Middle Initial, Last

Spouse Phone: _____ Cell: _____ Email: _____

Street Address: _____ Apt/Room _____

City: _____ State: _____ ZIP: _____

Home Church Name, City & State: _____ Affiliation/Synod: _____

Are you a member of another confessional group? If so, which one? _____

Gifts and talents you might like to use in CLCC: _____

Comments or questions: _____

Membership fees are due on January 1. For members applying after August 1, the fee also covers the first full year of membership.

Date: _____ \$ _____ enclosed for _____ year(s) membership.

Mail check payable to *Confessional Lutherans for Christ's Commission* and application form to:

CLCC Treasurer, P.O. Box 2782, Idaho Falls ID 83403

Contact the CLCC Treasurer at: treasurer@theclcc.org