

Association for Reformed & Liturgical Worship

Membership Application and Information Form

Date: _____

Membership Category and Dues (please check appropriate):

- \$75 Individual (non-student)
 \$125 Institution (church, seminary, judicatory, organization)
 \$50 Student (enrolled in college or seminary)

Please enclose your check made payable to "AR&LW" and send to:

Rev. Bruce Taylor
c/o Spanish Springs Presbyterian Church
P.O. Box 51176
Sparks, Nevada 89435

Name: _____ Preferred Title: _____

Current Position (if applicable): _____

Mailing Address: _____

City or town: _____

State/Province and Zip/Postal Code: _____

Preferred Telephone: _____ (check) office cellular residence

Alternate Telephone: _____ (check) office cellular residence

E-mail Address: _____

Denomination: _____

Areas of Worship-related Expertise: _____

Other Worship-related Areas of Interest: _____

Please keep us informed of any changes to the information above. Thank you.