**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)** |
|  |  |
|  |
|  **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**