



MEMBERSHIP APPLICATION CLIENT/ACCOUNT INFORMATION

Date: _____

Name of Church/Institution		Phone Number	
Shipping Address		Shipping	g Address Line 2
City	State		Zip Code
Email Address of Church/Institution		Contact	Name
Billing Address		Billing A	ddress Line 2
Billing City	Billing Sta	te	Billing Zip Code

MEMBERSHIP INFORMATION & OPTIONS

Membership rates are based on weekly average attendance in your church/institution. Please check the appropriate box and include this amount in the check you submit.

Attendance	Annual Cost	Checkout Cap*
1-19	\$40	2
20-29	\$60	3
30-39	\$80	4
40-49	\$100	5
50-59	\$120	6
60-74	\$140	6
75-99	\$160	7
100-124	\$180	7
125-174	\$200	8
175+	\$220	8

*Checkout Cap: Members are limited by the number of items they may have checked out at one time (unless otherwise arranged) Would you like to obtain a <u>CVLI</u> License at a highly discounted rate through the RMC's Group License?

 $\Box \ YES \ (\underline{\mathsf{Add}} \ \underline{\$100}) \quad \Box \ NO$



USER INFORMATION

Please include information on the people who will be using this service and remember to update your contacts periodically. You will be responsible for lost/unreturned items checked-out by these people. You do not need to provide three users.

User Name #1	Role/Position (Pastor, lay, teacher)
E-mail Address	Phone Number

User Name #2	Role/Position (Pastor, lay, teacher)
E-mail Address	Phone Number

User Name #3	Role/Position (Pastor, lay, teacher)
E-mail Address	Phone Number

Would you like to receive our e-mails?

□ Yes □ No

Please send this form (or a copy of this form) with a check payable for the amount noted above to **CONFERENCE TREASURER**, memo "Media Center Membership", to:

Regional Media Center The United Methodist Church P.O. Box 13650 Des Moines, WA 98198

We will send you confirmation upon receipt of your membership application AND payment.