



# MEMBERSHIP APPLICATION

## Primary Member Information

Title:  Mr  Ms  Mrs  Rev  Dr  Rev Dr

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_

Church: \_\_\_\_\_

Presbytery: \_\_\_\_\_

Synod: \_\_\_\_\_

Other/Organization: \_\_\_\_\_

How are you involved in Older Adult Ministry?

How can POAMN support you, your congregation, or your organization?

## Second Member Information

Title:  Mr  Ms  Mrs  Rev  Dr  Rev Dr

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_

## Membership Type

- \$50 Individual
- \$75 Couple \*
- \$35 Affiliate (non-voting)
- \$125 Organization/Church \* -

\* Enter the name of the second person included with this membership type below.

- Check the box next to the entity in your member information

## Gift / Donation

To continue POAMN's ministry to older adults and those engaged in ministries for older adults, additional gifts are welcome, including those in honor or memory of someone. All extra gifts are tax deductible.

- \$\_\_\_\_\_ to POAMN
- \$\_\_\_\_\_ to the Miriam Dunson Legacy Fund
- \$\_\_\_\_\_ in honor/memory of \_\_\_\_\_

## Mail this form and your check to:

POAMN  
 c/o Christopher Pomfret, Treasurer  
 320 Vallette Street  
 New Orleans, LA 70114