

Association of Lutheran Church Musicians

Gift Membership Form

Giver's name and address: _____

Please select membership category:

- Voting member (\$90) – primary membership category
- Voting member 65 or older (\$45)
- Full-time student (\$40). Student at: _____
- Clergy/musician team (\$160) – Please complete a separate form for each person.
- Institutional (\$110) – One set of paper mailings; up to three people have website access.

Recipient's Name _____

Recipient's Email _____

Note: Although an email address is not required for membership, it is required for access to the free Members Area resources on the website.

Home Address		
<i>Note: Enter home address if you wish to have ALCM publications mailed to recipient's home. If you prefer to have them sent to the church, leave the address fields in this section blank.</i>		
Address:		
City:	State/Province:	Zip:
Phone:	This is recipient's: <input type="checkbox"/> Cell phone <input type="checkbox"/> Home phone	

Church Address		
<i>Church information is also included in the annual membership directory.</i>		
Church name:		
Address:		
City:	State/Province:	Zip:
Phone:	Position:	

Payment (check or credit card) must be included with membership form. Make checks payable to "ALCM" and mail with form to: ALCM, 810 Freeman St., Valparaiso, IN 46383.

To pay by credit card (MC/Visa/AmEx/Discover), complete the following information:

Card # _____ Expiration ____ / ____

Name on card _____ Total to charge: \$ _____