



# 2010 CLS GUILD Membership for

Church Name

Lutheran Church,

City: \_\_\_\_\_

Representative: \_\_\_\_\_

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

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

Member Name(s) (Mr. Mrs, Miss, or Mr. & Mrs.)	Address	City, Prov., Code	Member-ship Paid*	Donation Amount*	Total each member
Telephone No.	Email				
Member	Address	City, Pro v., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				
Member	Address	City, Prov., Code	\$	\$	\$
Phone	Email				

Individual memberships, \$10.00; family memberships (3+ to the same address), \$25.00. Income tax receipts are issued for all amounts over \$10.00.