



The Associated Parishes for Liturgy and Mission

Membership Form

Dear New Supporting Member,

Welcome to APLM! Please fill out the form below and return to the address at the bottom. If you have any questions, please contact our Coordinator, Trina Mercado, at kcmercado@iglide.net. We look forward to having you as a member for many years to come.

1. Choose the type of membership and contribution amount.

- Supporting Membership, minimum donation of \$50 per year
 Retired Membership, \$25 per year
 Student, \$10 per year (please tell us where you are enrolled) _____

Annual membership dues are in US dollars.

2. Choose your method of payment and indicate amount enclosed.

- Check Money Order

Checks and money orders should be in US dollars made out to Associated Parishes.

3. Fill in your current contact information below.

Name _____

Address _____

City State/Prov Zip/Postal Code _____

Country _____

Phone _____

Email _____

Diocese _____ Parish _____

4. Mail completed form to: APLM, PO Box 10416, Rochester, New York 14610

My membership \$ _____

My contribution \$ _____

TOTAL payment \$ _____