

**NATIONAL ASSOCIATION OF INTERCHURCH & INTERFAITH FAMILIES
MEMBERSHIP FORM**

Please check as applicable:

YES! We want to be members of NAIIF. Enclosed is our check in the amount of \$30.00 for Annual Dues, includes 'Together' (InterChurch & Interfaith couples only).

YES! I/We want to be associate members of NAIIF. Enclosed is my/our check in the amount of \$20.00 for Annual Dues, includes 'Together' (Clergy & Interested Parties).

YES! I want to subscribe to 'Together'. Enclosed is my check in the amount of \$10.00 for a one-year subscription (\$15 for regular mail).

YES, I would like to help the work of the Association. Enclosed is my donation of \$_____.

I am/we are interested in starting/belonging to an NAIIF chapter:

Name(s): _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

email: _____

Please specify:

InterChurch couple **Interfaith couple** **Clergy**

Ecumenical / Interreligious Affairs Officer **Other:** _____

*Please return form to the Co-Chair
Rev. Michael & Barbara Slater
9155 Iroquois Trail
Stagecoach, NV 89429-7210*