



Interdenominational Ministers Conference  
of  
Greater Harrisburg  
P.O. Box 5692  
Harrisburg, PA 17110

## IMC Membership Application

### Applicant Information

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

Birthday: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### Church/Organization Information

Name of Church or Organization: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### Emergency Contact

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Spouse Information

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

Birthday: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Is this a joint membership? Yes  No

### Committee Interest

- Membership Committee
- Housing
- MLK Service
- Social Action Committee
- Benevolence
- Voter Registration
- Sick
- Social
- Publicity and Public Relations
- Political Action
- City Wide Revival

### Signatures

Individual membership is \$50.00 per year. Retired pastor membership \$20.00 per year. *Payable February of each year.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse joint membership: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of IMC officer: \_\_\_\_\_ Date: \_\_\_\_\_

## Enhancing God's Love Through Unity and Diversity

### **Please Send Completed Application To:**

IMC  
P.O. Box 5692  
Harrisburg, PA 17110

### **IMC Contact Information:**

Web: [www.imcofgreaterharrisburg.org](http://www.imcofgreaterharrisburg.org)  
Email: [imc@imcofgreaterharrisburg.org](mailto:imc@imcofgreaterharrisburg.org)  
Telephone: 717.236.8600