



Interdenominational Ministers Conference
of
Greater Harrisburg
P.O. Box 60221
Harrisburg, PA 17106

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 60221
Harrisburg, PA 17106

IMC Contact Information:

Web: www.imcofgreaterharrisburg.org
Email: imc@imcofgreaterharrisburg.org
Telephone: 717.236.8600