



Interim Ministry Association  
 Evangelical Lutheran Church in America  
 God's work. Our hands.

# IMA MEMBERSHIP APPLICATION

DATE \_\_\_\_\_

## CONTACT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## OPTIONAL INFORMATION

Interim Training level: No Training \_\_\_ Discernment \_\_\_ Basic Course \_\_\_ Advanced Course \_\_\_

Roster: Associate in Ministry \_\_\_ Clergy \_\_\_ Diaconal Ministry \_\_\_ Deaconess \_\_\_

Present Position \_\_\_\_\_

I volunteer to assist IMA in the following ways:

\_\_\_\_\_

\_\_\_ *Membership Dues - \$60.*

\_\_\_ *Synodical Membership Dues - \$100.*

*Life Membership:*

\_\_\_ *Up to 55 years of age at \$600.* \_\_\_ *Ages 56 – 60 at \$420.* \_\_\_ *Age 61 + at \$300.*

Please send check or money order payable to  
*Interim Ministry Association-ELCA* to:

Interim Ministry Association of the ELCA  
 PO BOX 5235  
 Midlothian, VA 23112

OR

Go to [www.nalip.net/ima](http://www.nalip.net/ima) to use PayPal  
 to pay online (credit cards accepted)

\_\_\_\_\_  
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FOR IMA OFFICE USE	
CK/MO NUMBER _____	AMOUNT _____
DATE RECEIVED _____	
DATE ENTERED _____	
DATE RECEIPTED _____	