



ISAIAH Membership Renewal

We have met and discussed the benefits, expectations and costs of our congregation joining ISAIAH and want to renew our membership.

We are called to join with other congregations to transform the world, to build our congregations and to establish justice and equity.

Signature

Effective Date of Membership

Name (please print)

Your E-Mail Address

Congregation

Congregation Street Address City State Zip Code

Congregation Phone

Congregation E-Mail Address

As a member congregation, you control both the work and the financial management of ISAIAH through the Board of Directors. Who in your congregation will be responsible to vote in elections for the Board?

Name (please print) Phone E-Mail Address

You will receive an annual mailing requesting your dues commitment and payment schedule for the year. If someone else in your congregation should also receive this mailing, provide their contact information below.

Name (please print) Phone E-Mail Address

→ Same as Congregation → Home Address (complete line below)

Home Address City State Zip Code

Please fill out both sides of this form.

Membership Dues Declaration

Congregations, not individuals, are members of ISAIAH. A faith institution becomes a member by *both* paying membership dues and engaging in the vehicle of ISAIAH through the building of a team in the congregation to relate to the wider organization.

Membership Dues are paid annually and are negotiated based on the size of the congregation's annual budget. These are the suggested ranges:

Small Congregation Full Member Dues	\$500 - \$1,000
Mid-Size Congregation Full Member Dues	\$1,000 - \$3,000
Large Congregation Full Member Dues	\$3,000 - \$5,000

For the year 20, our DUES COMMITMENT is: \$_____.

We will make payments:

→ Quarterly → Monthly → Annually → Other (Describe)_____

Optional: We would like ISAIAH to send us an invoice/s as described below.

On or about *(date)*_____ in the amount of \$_____

On or about *(date)*_____ in the amount of \$_____

On or about *(date)*_____ in the amount of \$_____

Send invoices to:

Name _____

Address _____

Phone _____ E-mail _____

Please return this completed form to:

ISAIAH, 2356 University Avenue W., Ste. 405, St. Paul, MN 55114

651-376-1001 isaiah@isaiahmn.org