



Institutional Membership Enrollment Form

Institution Name: _____
Contact Name: _____ (male/female)
Address: _____ (home/office)
City: _____ State: _____ Zip: _____
Country: _____ Daytime Phone: _____ (home/office)
Denomination: _____
Email Address: _____

Institutional Membership

\$375

Outside the United States:
\$450

Benefits of Institutional Membership Include:

- ❖ A subscription to *Congregations*
- ❖ Access to "Members Only" content
- ❖ 30% discount on all purchases in the Alban bookstore
- ❖ Tuition discounts on Alban seminars
- ❖ ALban resources and research
- ❖ One FREE copy of each new Alban Book or Publication

Please use the following form to list your primary contact and six additional designates

Membership Fee Amount: \$ _____

(see box above)

Contribution to Alban: \$ _____ (optional)

Total: \$ _____

Check or money order enclosed

Charge my: Visa Mastercard AMEX

Card No: _____ Exp. Date: _____

Signature: (as it appears on card) _____

Institutional Membership

List of Designates

Please list below the names and addresses of six people you wish to receive the benefits of membership with The Alban Institute.

Mailings are shipped as one bulk shipment to the contact person for distribution. Check the following box if you prefer mailings to be sent to each person individually.

PLEASE PRINT OR TYPE

Name of Institution: _____ Zipcode: _____

Contact Person: _____

Membership Number: _____ Phone: _____

1. Member 1 (Primary Contact) _____ (M/F) Title: _____
Address _____ (home/office) Position: _____
_____ Phone: _____
_____ Email: _____

2. Member 2 _____ (M/F) Title: _____
Address _____ (home/office) Position: _____
_____ Phone: _____
_____ Email: _____

3. Member 3 _____ (M/F) Title: _____
Address _____ (home/office) Position: _____
_____ Phone: _____
_____ Email: _____

4. Member 4 _____ (M/F) Title: _____
Address _____ (home/office) Position: _____
_____ Phone: _____
_____ Email: _____

5. Member 5 _____ (M/F) Title: _____
Address _____ (home/office) Position: _____
_____ Phone: _____
_____ Email: _____

6. Member 6 _____ (M/F) Title: _____
Address _____ (home/office) Position: _____
_____ Phone: _____
_____ Email: _____