



Membership Renewal Form

Member Number: _____

Name: _____ (male/female)

Title: _____ Position: _____

Congregation/Organization: _____

Address: _____ (home/office)

City: _____ State: _____ Zip: _____

Country: _____ Daytime Phone: _____ (home/office)

Denomination: _____

Email Address: _____

Please circle the appropriate membership fee category below.

Membership Fee Categories:

One Year

Individual Membership

\$50

Outside United States:

\$65

Congregational Membership

\$250

Outside United States:

\$300

Institutional Membership

\$375

Outside United States:

\$450

Seminarian/Retired Clergy

\$35

Outside United States:

\$45

Benefits of renewing your Alban Membership:

- ❖ Save 20% (or more) on Alban books
- ❖ Get \$50 tuition discount for all Alban seminars
- ❖ A subscription to *Congregations*
- ❖ Access to "Members Only" content and offers
- ❖ Alban resources and research
- ❖ AND MORE!

Institutional Members also receive all the benefits of Individual Membership for six individuals and more

Congregational Members receive all the benefits of Individual Membership for seven individuals PLUS an additional discount of 30% on all bookstore purchases

Enclose checks payable to The Alban Institute in U.S. Funds only

Membership Fee Amount: \$ _____

(see box at left)

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)