

RCMA MEMBERSHIP APPLICATION

Title (Dr., Rev., Ms., Mr., etc.) _____

Name _____

Position _____

Organization _____

Address _____

Phone Number _____

Fax Number _____

E-Mail _____

Referred by _____

Annual Dues:

Religious Meeting Planner Member - \$50

Associate (Supplier) - \$100

Method of Payment:

Check (enclosed payable to RCMA in U.S. Funds)

Visa MasterCard Amex

(All credit card transactions are processed in U.S. dollars and are subject to the current exchange rate.)

Name on card _____

Card # _____

Expiration Date _____

Signature _____

E-mail for cc receipt _____

Send application and payment to:

Religious Conference Management Association

7702 Woodland Drive, Suite 120

Indianapolis, IN 46278

or fax: (317)632-7909