Community Churches Interaction Council Membership form

Please return with the following information.

1) Member Congregation(s) or Organization name, address, phone #, email address

---

---

2) Pastors name, address, phone # and email address

1._____ 2._____

_____ _____
_____ _____
_____ _____
_____ _____

3) Lay representatives name, address, phone # and email address
(Please indicate voting member with an X)

1. _____ 2. _____
_____ _____
_____ _____
_____ _____
_____ _____

Date _____ Submitted by _____

Please submit completed form and membership dues ($30) to any CCIC Board Member.

You can also mail to:

CCIC
c/o First English Lutheran Church
511 Belle St.
Cannon Falls MN 55009