



INTERFAITH COUNCIL OF LAKE COUNTY

MEMBERSHIP APPLICATION

INTERFAITH
LAKE COUNTY

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL
ADDRESS: _____

CONGREGATION
AFFILIATION: _____

Membership dues are:

\$10 – individual membership

\$15 – family membership

\$100 – organizational membership

Which category of membership are you applying for? _____

I am in alignment with the mission of the Interfaith Council of Lake County, which reads as follows:

The mission of Interfaith Council of Lake County, Inc. is to create a better, more peaceful, more harmonious community by encouraging and facilitating greater interest in, understanding of, respect for and cooperation among our county's many faith traditions, as well as non-theists and humanists.

Signed: _____ Date: _____