

EMS Multiple Membership List

UM Church Code (if known) _____

Church Name _____

Address _____

City _____ State _____ Zip _____

Payment may be by check, money order or credit card:

Visa Mastercard Card Number _____ - _____ - _____

Signature: _____ Exp. Date ____/____/____

FOR OFFICE USE ONLY

Check Amt. _____

Check No. _____

Date _____

Initials _____

JAD _____

Entry Date/init. _____

<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>
<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>
<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>
<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone (____) _____</p> <p>Work Phone (____) _____</p> <p>Email: _____</p> <p><input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber</p>

This form may be duplicated as needed or add separate sheet of paper

EMS List Continued

Return to: General Commission on United Methodist Men
 PO Box 440515
 Nashville, TN 37244-0515
 (615) 340-7145 or FAX (615) 340-1770
www.gcumm.org

Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber	Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber
Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber	Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber
Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber	Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber
Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber	Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber
Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber	Name _____ Address _____ City _____ State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Email: _____ <input type="checkbox"/> New Subscriber <input type="checkbox"/> Renewal Subscriber