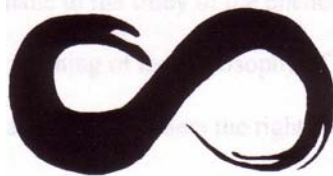


The Congregational Association of Religious Expression – CARE



Direct Membership Application

Date _____

Name _____ Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____

Other church affiliation(s):

Name _____ Denomination _____

Location _____ Current member? _____

Date of membership _____ to _____

Certifications / Titles earned _____

Name _____ Denomination _____

Location _____ Current member? _____

Date of membership _____ to _____

Certifications / Titles earned _____

(Use additional sheets if necessary)

Why do you desire membership in CARE?

Mail Application with **\$30 check or money order** to: CARE Secretary, 3903 Connecticut St.,
St. Louis, MO 63116-3905

Office Use Only:

Fee of \$ _____ paid on _____ Check number _____

Application received on _____ Membership approved _____