



# 8<sup>th</sup> Episcopal District Lay Organization Member & Supporter Application

PURPOSE: to organize and train the laity of the African Methodist Episcopal Church so that each lay person may utilize to the maximum the abilities and skills granted by God, in assisting with the improvement and extension of God's kingdom, and creating happiness, peace, and harmony among its members.

**PLEASE PRINT**

Date \_\_\_/\_\_\_/\_\_\_

**New Application - Please Check Your Level**

- Member (Laity – adult & youth) - \$40/yr
- Supporter (Clergy – adult & youth) - \$40/yr

- Membership is valid for one year (Jan. 1 – Dec. 31)
- Membership cards are issued on a yearly basis
- Only the Member level has voting privileges
- Member & Supporter levels can access Organization's discounts

**Renewal - Please Check Your Level** – (if any information has changed, please fill out the application so we can update the database)

- Member (\$40/yr) – Member # \_\_\_\_\_
- Supporter (\$40/yr) – Supporter # \_\_\_\_\_

Mr.  Mrs.  Miss.  Rev. First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number (\_\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Local Lay President's Name: \_\_\_\_\_

**Please Select Your Presiding Elder District**

**North Mississippi Conference**

- Greenville Greenwood District
- Clarksdale District
- Grenada District

**Central North Louisiana Conference**

- Alexandria Thibodeaux District
- Shreveport Monroe District

**South Mississippi Conference**

- Jackson Vicksburg District
- Jackson Meridian District
- Natchez Port Gibson District
- Brookhaven Hattiesburg District

**Louisiana Conference**

- Central New Orleans Bogalusa District
- Western New Orleans Baton Rouge District
- Greater New Orleans Greensburg District

Presiding Elder's Name: \_\_\_\_\_

P.E. District Lay President's Name \_\_\_\_\_

Conference Lay President's Name \_\_\_\_\_

**For office use only:**

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_  Check  Cash

Receipt # (if paying by cash): \_\_\_\_\_

**Please mail completed application along with your membership fee to:**

**William M. Brown**  
**8<sup>th</sup> District Lay Membership**  
**PO Box 3764**  
**Jackson, MS 39207-3764**

Forward all questions to: William Brown - [willmattb@bellsouth.net](mailto:willmattb@bellsouth.net) or 601-927-6392

