WISDOM MEMBERSHIP FORM

Name: ______________________________________________________

Home Address: ______________________________________________

City: _______________________________________________________

State, ZIP _________________________________________________

Preferred Telephone: _________________________________________

E-mail Address: ______________________________________________

Religious Affiliation/Denomination (optional): _______________________

Place of Worship (optional): ______________________________________

● Membership Level: Please circle the level of support that you choose:

  ___ Full-Time Student $10    ___ Individual $25    ___ Friend $50
  ___ Sponsor $100            ___ Patron $250        ___ Visionary $500
  ___ Visionary Plus (amount) $_____

● We are looking for VOLUNTEERS!

Please indicate if you would like to work on these WISDOM committees:

  ___ Programming ___ Public Relations ___ Membership ___ Board Development ___ Finance

___ Yes, Please send me the WISDOM Window, a monthly update of interfaith activities and events!

Please mail the form and your check made out to: WISDOM to P.O. Box 7091, Bloomfield Hills, MI 48302

WISDOM is a 501(c)3 Non-Profit Organization
http://www.interfaithwisdom.org/