



Interim Ministry Association
 Evangelical Lutheran Church in America
 God's work. Our hands.

IMA MEMBERSHIP APPLICATION

DATE _____

CONTACT INFORMATION

Name _____

Mailing Address _____

Mailing Address 2 _____

City _____ State _____ Zip _____

Preferred Email _____

Home Phone _____ Office Phone _____ Cell Phone _____

OPTIONAL INFORMATION

Interim Training level: No Training ___ Discernment ___ Basic Course ___ Advanced Course ___

Roster: Associate in Ministry ___ Clergy ___ Diaconal Ministry ___ Deaconess ___

Present Position _____

I volunteer to assist IMA in the following ways:

_____ *2020 Membership Dues - \$50.*

_____ *2020 Synodical Membership Dues - \$100.*

Life Membership:

_____ *Up to 55 years of age at \$600.* _____ *Ages 56 – 60 at \$420.* _____ *Age 61 + at \$300.*

Please send check or money order payable to
Interim Ministry Association-ELCA to:

Robert Hansen
 PO BOX 535
 Hartford, SD 57033

OR

imaelca.org/membership/online-membership
nalip.net/asp/registration.asp
to pay online (credit cards accepted)

FOR IMA OFFICE USE	
CK/MO NUMBER _____	AMOUNT _____
DATE RECEIVED _____	
DATE ENTERED _____	
DATE RECEIPTED _____	