



**MEMBERSHIP APPLICATION**  
**RECOVERY MINISTRIES OF THE EPISCOPAL CHURCH, INC.**

38439 5th Avenue #2705  
Zephyrhills, FL 33542



Annual dues:

Individual \$25 \_\_\_\_\_ Parish \$100 \_\_\_\_\_ Diocese \$200 \_\_\_\_\_ Lifetime \$500

In addition to my dues I wish to contribute \$ \_\_\_\_\_ to the work of Recovery Ministries

**Total enclosed \$ \_\_\_\_\_**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ 2ND TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

(In Parish or Diocese)