



Membership Application
Lutheran Transitional Ministry Association
LuTMA
PO Box 124
Carlisle, PA 17013

Please print or type:

Name					
Address					
City		State		ZIP	
Best Phone			Cell Phone		
Email					

Denominational affiliation (check one)	___ LCMS	___ ELCA	___ Other – please list.
Current District/Synod/Conference			

I am a member of my denominational or ecumenical interim organization.	___ IMC (LCMS)	___ IMA (ELCA)	___ Other – please list.
	___ IMN	___ CCH	

Signed: _____ Date: _____

Application may be printed and mailed to the above address with payment. Or, save as a pdf and email to: LutheranTMA@gmail.com if payment is completed online.