



# Vermont Latin Mass Society

## New Member Application

- Individual Membership (\$20 – Annually)     Individual LIFE (\$600 – Once)  
 Family Membership (\$40 – Annually)     Family LIFE (\$1200 – Once)

Mail completed application with  
a check *made payable to VLMS*:

**Vermont Latin Mass Society**  
**PO Box 8512, Essex VT 05451**

<b>Primary / Individual Membership:</b>		<b>Date:</b>	
Name:			
First		MI	
Address:			
Street		Town	
		State	
		Zip Code	
e-mail address:			
Phone Number:		<input type="checkbox"/> Voice Only <input type="checkbox"/> Text Capable	
<b>Family Membership:</b>			
Name (Spouse):			
First		MI	
		Last	
e-mail address:			
Phone Number:		<input type="checkbox"/> Voice Only <input type="checkbox"/> Text Capable	
Name (Child*):			
First		MI	
		Last	
e-mail address:			
Name (Child):			
First		MI	
		Last	
e-mail address:			
Name (Child):			
First		MI	
		Last	
e-mail address:			
Name (Child):			
First		MI	
		Last	
e-mail address:			

\* Please submit additional child information on the back side of this form if necessary. Alternatively, and out of respect for privacy, you may wish to refrain from providing your child's name along with your family membership application. Names have been requested only to enable distribution of individualized membership cards in your child's name. If you prefer, we will simply provide "**Last Name** Family" generic cards as an option for your children to carry. If this is your desire, simply mark how many children at or below the age of 17 that you are requesting membership cards for.

Please send generic Family Membership Cards for \_\_\_\_\_ (how many) Children

OFFICIAL USE ONLY  
DO NOT WRITE IN THIS SECTION

Thank you for your donation to the *Vermont Latin Mass Society, Inc.*

Pursuant to Section 170(c)(2)(B), Internal Revenue Code, this serves as your receipt of charitable contributions in recognition of your annual membership dues paid.

Donation / Membership Dues Collected: \$ \_\_\_\_\_, Thank you!      Date: \_\_\_\_\_

Membership Number(s) Assigned \_\_\_\_\_ are valid Through: December, 20 \_\_\_\_\_

*Contributions will be accounted for under the first name and membership number listed on a Family Membership Application. If you make additional contributions under your membership number this year, you will receive an annual letter in the beginning of the following year which acknowledges receipt of all donations made beyond this payment of annual dues.*