

CROSS+GEN SEASONALS MEMBERSHIP AGREEMENT

• STEP ONE

Complete your church mailing and contact information.

Mailing Information

Church _____
 Physical Address _____
 PO Box _____
 City _____
 State & Zip _____

Contact Information

Name _____
 Title _____
 E-mail (required) _____
 Phone _____ Fax _____
 Website _____ AWWA* _____
 Denomination _____

* AWWA = Average Weekly Worship Attendance

• STEP TWO

Check the unit(s) you want and calculate your total annual membership fee .

• STEP THREE

Payment must be included with your order. Complete your information based on the payment option you select:

Payment Enclosed
 Check Number _____

Bill My Credit Card (Visa Mastercard Discover)

Card Number _____ Expiration Date _____ Billing Zip Code _____
 CVV Code _____
 Name (Please Print) _____ Signature _____

• STEP FOUR (required)

Carefully read the Seasonals Membership Terms and Conditions and check the box below.
 (NOTE: Failure to complete this step will delay the processing of your membership.)

I have read and agree to the Seasonals Membership Terms and Conditions.

• STEP FIVE (required)

Sign and date this Membership Agreement.

Signature _____
 Date _____

• STEP SIX

Make a copy of this form, including the Terms and Conditions, for your records. Mail or fax the original to:

Faith Inkubators • PO Box 2307 • Stillwater, MN 55082-3307
 (fax) 651.430.2377



Membership Pricing

- Advent \$199.00
- Lent \$299.00
- Stewardship \$299.00



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2. Complete and sign the Membership Cancellation Agree-

ment, make a copy for your records, and return the original to Faith Inkubators by mail (PO Box 2307, Stillwater, MN 55082) or fax (651-430-2377).

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