



LCMC District Subscription Form

Name of District: _____

Contact Person:

Name: _____

Address: _____

Phone: _____

Email: _____

Congregations:

Please list all member congregations. (Use back if necessary):

Relationship to LCMC:

According to by-law 1.03 d, congregations:

“Support the life and work of this association by their practice, their governing documents and by written commitment to this association.”

Do you agree to function in such a manner: Yes or No

Commitment to Pay for Liability Insurance:

Each district in LCMC is required to be self sufficient (By-laws 5.03), therefore you must agree to pay for the required liability coverage for your district. If this premium is not paid, the district will not be recognized.

Do you agree to pay for this coverage annually: Yes or No

Signature: _____ Date: _____