



District Subscription Form

Please fill out all of the fields below with the appropriate information for your district.

District Information

Name of District: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

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



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Commitment 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 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 No

Signature: _____

Date: _____

Send this completed form to:

LCMC
7000 N. Sheldon Road
Canton, MI 48187
Fax: (734) 459-2311