

Fall 2015

## CL Rep Registration

Whether you're a longtime *Canada Lutheran* Representative or you're volunteering for the first time, please ensure we have your complete contact information.

**Complete and return this form with your order:** (PLEASE PRINT CLEARLY)

 **PLEASE RETURN BY NOVEMBER 10**

Congregation name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Your contact information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (  ) \_\_\_\_\_  
AREA CODE

**Are you replacing a previous CL Rep?**      Yes  No

If "yes" who? \_\_\_\_\_

Form completed by: \_\_\_\_\_