

MEMBER REGISTRATION FORM

Please include a check for \$15.00 payable to TIAR
(larger or smaller donations are welcome in consideration of members' resources)

Name

Address

City, State, Zip

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(This information will not be shared with any other organization.)

I am interested in the following issues:

- Poverty Economic Justice
 State/National Peace & Nonviolence
 Health Care Other

Thank you for your interest in
The Interfaith Alliance of Rochester.

Please clip this form and mail with your check to:
The Interfaith Alliance of Rochester
P. O. Box 25245
Rochester NY 14625