

Southeastern Federation of Greek Orthodox Choirs and Musicians



2016 STEWARDSHIP FORM

We encourage each choir or church musician in a parish to become a steward of the Federation.

This includes clergy, choir directors and choir members, chanters, music educators,
religious education teachers and interested others.

We welcome yearly stewardships from choirs, chanters, or individuals interested in maintaining an independent membership. **THANK YOU!**

PLEASE PRINT CLEARLY in INK

I.) Select Category of Membership:

Please note that if a choir has paid its annual stewardship from a given parish, ALL of its parishioners are automatically covered for that year. Individual clergy, chanters or parishioners do NOT need to pay individual stewardship for that year.

<p style="text-align: center;">CHURCH SPONSORED ORGANIZATION</p> <p><i>(Suggested minimum contribution to maintain SFGOCM ministries: \$100.00)</i></p> <p><input type="checkbox"/> Church Choir</p> <p><input type="checkbox"/> Chant Group</p> <p><input type="checkbox"/> Other: _____</p>	<u>OR</u>	<p style="text-align: center;">INDIVIDUAL MEMBERSHIP</p> <p><i>(Suggested minimum contribution to maintain SFGOCM ministries: \$10.00)</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Print Name</p> <p><input type="checkbox"/> Choir Director <input type="checkbox"/> Psalter/Chanter</p> <p><input type="checkbox"/> Choir Member <input type="checkbox"/> Clergy</p> <p><input type="checkbox"/> Organist <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Organist/Director</p> <p><input type="checkbox"/> Jr. Choir Director</p>
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II.) Contact Information

Name of Home Parish: _____ Metropolis of: _____

Address: _____

City: _____ State: _____ Zip: _____

Parish Phone: (____) _____ Home Phone: (____) _____ Cell: (____) _____

E-mail: _____ Fax: (____) _____

AMOUNT OF YOUR STEWARDSHIP CONTRIBUTION FOR THIS YEAR: \$ _____

May we include your name in our: Membership Directory? Yes No
Federation email list? Yes No

Your Signature: _____ Date: _____

Mail this form and a check payable to:

Questions phone: 813-962-0551

SFGOCM Stewardship
John P. Mitchell, Treasurer
13914 Pepperrell Drive
Tampa, FL 33624

For SFGOCM Use Only

Amt. Rec'd: _____

Date Rec'd: _____

Check #: _____