

# Become a Member of the Network of Religious Communities

An interreligious and ecumenical organization of denominations, congregations and religious organizations located in Western New York

## The Purposes of the Network

- To facilitate communication and increased understanding among the members and between the members and the wider community;
- To foster cooperation within and between the faith communities to which the members belong;
- To facilitate collaboration in areas of common concern and in response to needs in the wider community; and
- To promote justice, peace and the common good in Western new York and the Niagara Peninsula of Ontario.

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**For additional information  
please call 716-882-4793  
and visit our website  
[www.ReligiousNet.org](http://www.ReligiousNet.org).**

### Membership Form Congregation/Religious Organization

Our congregation would like to join the Network and we agree with the purposes. Enclosed is our 1-year membership contribution of:

\$100 for congregations with 100 or more members.  
\$50 for congregations with less than 100 members.

Our religious organization would like to join the Network and we agree with the purposes.

Enclosed is our 1-year membership contribution of \$50.

We have also enclosed a special gift of \$\_\_\_\_\_ to support the work of the Network.

We would like more information. Please contact us.

Date \_\_\_\_\_

Congregation/Religious Organization \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Contact person \_\_\_\_\_

**Please send completed form to:**

Network of Religious Communities  
1272 Delaware Avenue, Buffalo, New York 14209-2496

### Membership Form Individual

I would like to join the Network and I agree with the purposes.

Enclosed is my 1-year membership contribution of \$25.

I have also enclosed a special gift of \$\_\_\_\_\_ to support the work of the Network.

I would like more information. Please contact me.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please send completed form to:**

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