



Membership Application Form

Complete and return this form *with dues enclosed* to:

Sam Powell
WTS Membership
Point Loma Nazarene University
3900 Lomaland Dr
San Diego CA 92106

Name

Present Position

Address

City

State/Province

Zip Code

Email Address

Education—Schools attended beyond high school, with degrees earned and dates

School	Degree Earned	Date Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If Currently a Student, indicate school and current degree program:

Membership in religious or professional societies:

Books or Scholarly Articles Recently Published

Major Research Completed or in Progress

Field(s) of Special Theological or Research Interest

Church Affiliation

Membership Requested

- New Application
- Membership Renewal

Membership Fees (payment enclosed)

- Full Member (annual income less than 22K) —**\$30**
 - Full Member (annual income between 22K and 41,999) —**\$35**
 - Full Member (annual income above 42K) —**\$40**
 - Retired—**\$15**
 - Student—**\$10**
 - Institutions and Libraries—**\$40**
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