



2027 Membership Registration Form

(Please fill out one form per person)

Name: _____

Title: _____

Email: _____

Phone: _____

Institution Name: _____

Institution Address: _____

Type of Institutional Arrangement (stand alone, embedded) _____

Tradition of Institution (e.g. mainline, evangelical, catholic, pentecostal) _____

Size of DMin Program (1-75, 76-150, 151-300, 300+) _____

Years of Service as DMin Director: _____

Full Membership Registration Fee = \$195

Affiliate = \$95

Return the completed form and payment to:

ADME

c/o Signe Carlson

PO Box 21431

Waco, TX 76702-9300

Make checks payable to: ADME

** You may also renew your membership online at dmineducation.org*