

**NATIONAL COUNCIL OF PRESBYTERIAN MEN, INC.**  
**100 Witherspoon Street**  
**Louisville, KY 40202**

**REQUEST FOR REGISTRATION**

Date \_\_\_\_\_

The Presbyterian Men of:

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Pastor: \_\_\_\_\_

Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Charter Certificate (\$25)     Yes     No

Mail the Request Form to:

Presbyterian Men  
100 Witherspoon Street  
Louisville, KY 40202

Include a check for \$25 if charter certificate is requested.  
The completed recorded form will be returned to the contact person.

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**FOR OFFICE USE ONLY**

Request Recorded (Date) \_\_\_\_\_ Charter No. \_\_\_\_\_

NCPM, Inc. Office  
100 Witherspoon Street  
Louisville, KY 40202

National Moderator's Signature \_\_\_\_\_

cc: Membership Chairman  
National Clerk

pmen@pcusa.org