



P.O. Box 8066  
Dothan, Alabama 36304  
334.793.6820  
www.alwfumf.org

**SUBSCRIPTION FORM FOR CERTIFICATES OF PARTICIPATION**

(For Churches & Organizations of the Alabama-West Florida Conference of the United Methodist Church)

We hereby make application for investment in the Alabama-West Florida United Methodist Development Fund with an opening deposit of **(Amount)** \$\_\_\_\_\_.

We certify we have received a copy of the Offering Circular of the fund. The Certificate of Participation is to be issued in the following name:

**Name:** \_\_\_\_\_  
*(Please print the full legal name of the account as it is to appear on the Certificate)*

**Federal Tax ID Number (if applicable):** \_\_\_\_\_

**Account Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**INTEREST** is to be  **PAID** by check the last day of each quarter or  **REINVESTED**. *(Please select one)*

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of signatures required to request funds from this account?** \_\_\_\_\_

**Are requests for funds received via email authorized by the Church?** \_\_\_\_\_

**Please list titles of those authorized to make such requests:**

\_\_\_\_\_

**Please list title(s) of those authorized to make inquiries only:**

\_\_\_\_\_

**Make All Checks Payable to: The Alabama-West Florida United Methodist Development Fund**

\* Attach applicable minutes and/or resolutions to this application.