Conference Registration Form  
56th Annual Meeting Evangelical Theological Society

Please Register Early

Name: ___________________________ Phone: (____) _______________________

Name for tag (no title please): ________________________________________________

☐ Spouse attending. (Non-member spouses of members may attend conference sessions free)

Name for spouse's tag: _______________________________________________________

Address: ___________________________ State/Prov. _______ Zip/Postal Code _______ Country _______

Current Member of: ☐ ETS ☐ Full __ Associate __ Student ☐ ATS ☐ EMS ☐ EPS ☐ NEAS  
(Only full ETS members registered by Nov. 1 will receive a distinctive name badge allowing participation at business sessions.)

School: ________________________________________________________________

Church or other identification for those not associated directly with a school: 
_____________________________________________________________

Please enclose a check made out to the Evangelical Theological Society. No refunds after November 1, 2004.  
Name badges and banquet tickets will be sent by return mail in mid-October.

☐ Early Member Registration  
(Postmarked on or before September 30)  $30 ______________

☐ Late Member Registration  
(Postmarked after September 30)  $50 ______________

☐ Early Student Member Registration  
(Postmarked on or before September 30)  $10 ______________

☐ Late Student Member Registration  
(Postmarked after September 30)  $30 ______________

☐ Non-Member Registration  
(Non-ETS, EPS, ATS, NEAS, EMS)  $70 ______________

☐ Banquet: Thursday, 7:00 p.m.  
______Ticket includes tax and gratuity.  $20 ea. ______________

TOTAL $ __________

Mail to: Dr. James A. Borland 
Secretary/Treasurer, ETS  
200 Russell Woods Drive  
Lynchburg, VA 24502-3574

Inquiries: 434-237-5309  Phone & FAX  
Email: JABorland@aol.com
Evangelical Theological Society - Membership Application Form

Application for (check one):

- [ ] Full Membership - $30.00 (if retired $15.00)
- [ ] Associate Membership - $30.00 (if retired $15.00)
- [ ] Student Membership - $15.00

Name ___________________________________________ Date ________________

Address ___________________________________________ Phone: (____) ________

City _______________ State/Prov. __________ Zip/Postal Code __________ Country __________

Present Position (with rank) ____________________________________________________________

Institution __________________________________________

Education:

School __________________________ Degree __________________________________ Date: ________

School __________________________ Degree __________________________________ Date: ________

School __________________________ Degree __________________________________ Date: ________

School __________________________ Degree __________________________________ Date: ________

Honorary Degrees ________________________________________________________________

Membership in Learned Societies ____________________________________________________

Books Published __________________________ Publisher ________________________________

Books Published __________________________ Publisher ________________________________

Specialized Field of Research _________________________________________________________

Positions held other than the present __________________________________________________

Denomination or Church Affiliation __________________________________________________

"The Bible alone and the Bible in its entirety, is the Word of God written, and therefore inerrant in the autographs. God is a Trinity, Father, Son, and Holy Spirit, each an uncreated person, one in essence, equal in power and glory."

Article IV, Section 2 of the Constitution reads: "Every member must subscribe to writing annually to the 'Doctrinal Basis.'"

_____________ Signature of Recommending Society Member
(For Student & Associate Applicants Only)

Signature of Applicant __________________________

Persons you would recommend for membership:

Name __________________________ Address __________________________

Name __________________________ Address __________________________

Send to: Dr. James A. Borland
Secretary/Treasurer, ETS
200 Russell Woods Drive
Lynchburg, VA 24502-3574

Phone: 434-237-5309
FAX: 434-237-5309
Email: JABorland@aol.com
Please enclose applicable fee.