

MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Name:

E-mail:

Date of birth:

From City/State:

Cell Phone:

Current address:

City:

State:

ZIP Code:

Church:

Your Position:

How long?

CHURCH INFORMATION

Church address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

From City/State:

Cell Phone:

SIGNATURES

Signature of applicant:

Date:

Signature of spouse (only if for a joint membership):

Date: