

2017 Membership Application



Please complete each of the following fields.

_____ New Member (Referred by _____) _____ Renewal of Membership

Name: _____ Spouse: _____

Last First MI

Home address: _____ Home Phone: _____

_____ Your Birthday (MM/DD/YYYY) _____

City State Zip Code

Mailing address (if different) _____ Spouse Birthday _____

City State Zip Code

Work Phone _____ Fax Number _____ Cell Phone _____

Email _____

Ministry Website _____ Personal Website _____

Name and/or Location of Ministry _____ Position or Title _____

Circle One: Individual/Couple Full-Time Student or Retired Corporate (1 designee)

Professional Training and Experience

(for NEW MEMBERS ONLY)

College _____ Degree _____ Year _____

Seminary _____ Degree _____ Year _____

Graduate School _____ Degree _____ Year _____

Special Training/Skills _____

Experience _____

Membership Dues

Circle One: Individual/Couple--\$50 Full-Time Student or Retired--\$35 Corporate (1 designee)--\$100

Fill Out & Mail In With Your Check To: Mary Gore, 3840 Carter's Ferry Rd, Zwolle, LA 71486