| Membership Application |
| --- |
| Applicant Information |
| Name: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| Emergency Contact |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| Spouse Information if joint membership |
| Name: |
| Date of birth: | SSN: | Phone: |
| Spouse Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Annual income: |
| References |
| Name | Address | Phone |
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| Signatures |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of spouse (only if for a joint membership): | Date: |

| Membership Application |
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| Applicant Information |
| Church Name: |
| Pastor Name: |
| Date Started: | Tax ID#: | Phone: |
| Current address: / Fax: |
| City: | State: | ZIP Code: |
| Own Rent Property (Please circle) | Church Size: 1-50, 50-100, 100-500 + | How long? |
| Responsible Contact: |  |  |
| MEMBERSHIP Information |
| Desired Membership: |
| Payment Information: | Auto draft or Billed?  |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Contact: | Annual Training?  | Annual income: |
| SECURITY Contact/INCIDENT COMMANDER |
| Name: |
| Title: | Department Size: |
| Military/Law Enforcement: | State: | Years of Service: |
| Experience/Skill/ Education: |
| References |
| Name | Address | Phone |
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|  |  |  |
| Signatures |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of spouse (only if for a joint membership): | Date: |