| Membership Application | | |
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| 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: |