

**ALLIANCE OF PERSECUTED CHRISTIANS
MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

Name:		
Date of birth:	Marital Status:	Phone:
Current address:		
City:	State:	ZIP Code:
Denomination:	Ministry:	How long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Title:	Volunteer hours per week:

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:	Married how long?:	Phone:

SPOUSE EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Title:	Volunteer hours per week:

REFERENCES

Name	Email	Phone

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

SIGNATURES

I certify that all the information above, to the best of my ability, is true and correct. I authorize the verification of the information provided on this form as to my faith and profession. Any intended misinformation could lead to my membership cancelation.

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