



# FGBMFI MEMBERSHIP APPLICATION

COMPLETE THIS FORM. PLEASE PRINT CLEARLY.  
GIVE TO CHAPTER PRESIDENT OR MAIL / FAX TO INTERNATIONAL OFFICE WITH PAYMENT

**MEMBERSHIP TYPE:**  MEN'S • 1 Year -\$50.00     LADIES OF THE FELLOWSHIP • 1 Year -\$50.00  
(choose one type)

YOUTH (24 or younger) • 1 Year = \$20    (check one):  NEW     RENEWAL

## APPLICANT—PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Owner:  Yes  No Age \_\_\_\_\_

Chapter Position: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

## CHAPTER VERIFICATION:

Chapter Name: \_\_\_\_\_ Chapter Number: \_\_\_\_\_

Chapter Officer Signature: \_\_\_\_\_

Chapter Officer Title: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INFORMATION: Please Make Check or Money Order Payable to FGBMFI — or enter Credit Card below.

VISA     MASTER CARD     DISCOVER     AMERICAN EXPRESS    Total Amount Enclosed: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_    Security Code: \_\_\_\_/\_\_\_\_/\_\_\_\_ (3 digits on back of card—Amex 4 digits on front)

Name On Card (Exactly As It Appears): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT VERIFICATION:

I agree with the Statement of Belief (on reverse side), and will abide by the FGBMFI Scriptural Code of Conduct. I hereby apply for membership in FGBMFI.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_