

## MEMBERSHIP APPLICATION FORM

### FOR OFFICE USE ONLY

Date received \_\_\_\_\_ Region \_\_\_\_\_  
Regional Co-ordinator \_\_\_\_\_

### INSTRUCTIONS

- READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION:
  1. Fill out this application CAREFULLY. Use a typewriter or print in black ink. Return the completed form to your CO-ORDINATOR.
  2. Try to limit your remarks to the space provided, but answer ALL questions clearly and fully. Your application will be returned if any area is left blank. Should any answer require more space than is available, please make use of additional sheets.
  3. Where applicable, TICK in appropriate blocks (  ).
  4. If a question does not apply, write "N.A." (Not Applicable) in the space provided.
- THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION FORM:
  - 1. The £125 non-refundable application and registration fee in the form of a cheque or postal order made payable to Christian AIM International.
  - 2. Annual Member Fee (£75.00) will be invoiced on acceptance.
  - 3. Two CURRENT passport size photographs, head and shoulders ONLY (please attach).
  - 4. A copy of your church or ministry constitution.
- The two enclosed Local Pastor's/Minister's Recommendation Forms are CONFIDENTIAL and must be completed and returned to the CO-ORDINATOR by those you have listed as references in the application form. If possible, one recommending minister should already be a member of CHRISTIAN AIM International.
- PLEASE NOTE : Your application CANNOT be processed until the CO-ORDINATOR has received ALL of the above. Submitting this application form DOES NOT mean automatic membership of Christian AIM International. Please DO NOT state that you are a Christian AIM International member until you have received WRITTEN notification.

### A. PERSONAL DATA

1. SURNAME \_\_\_\_\_ TITLE (Dr., Rev., Pstr., etc.) \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
2. RESIDENTIAL ADDRESS \_\_\_\_\_  
Post Code \_\_\_\_\_
3. MAILING ADDRESS \_\_\_\_\_  
Post Code \_\_\_\_\_
4. PHONE (Code) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Fax) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
(Email) \_\_\_\_\_
5. BIRTH PLACE (Town) \_\_\_\_\_ Country \_\_\_\_\_
6. BIRTH DATE \_\_\_\_\_ Age \_\_\_\_\_
7. NATIONALITY \_\_\_\_\_
8. HOME LANGUAGE \_\_\_\_\_
9. GENDER  Male  Female

ATTACH ONE PHOTO HERE  
AND SEND ONE EXTRA

Two  
Passport size  
photos

Do not send application  
WITHOUT photos

### B. MARITAL STATUS

1.  Single  Married  Divorced  Engaged  Widow  Widower  Separated  Remarried

(a) Date of Marriage \_\_\_\_\_