



MEMBERSHIP APPLICATION

Instructions:

1. Please complete the entire form.
2. Type or print clearly.
3. For additional information visit www.ASIministries.org.
4. Return completed application along with dues payment to:
ASI, 12501 Old Columbia Pike, Silver Spring, MD 20904.

Type of Membership *(check one)*

- Organizational For-Profit
 Organizational Non-Profit (see additional requirements under membership categories)
 Associate Associate International

Applicant Information

Applicant Name _____

Spouse _____

Organization name (if organizational applicant) _____

Business address _____

City _____ State _____ Zip code _____

Business phone _____ Fax number _____ Mobile phone _____

E-mail address _____ Website _____

Home address _____

Street address _____

City _____ State _____ Zip Code _____

Home phone _____

Preferred mailing address Home Office

Preferred method of contact Home phone Office phone Cell phone E-mail

Church Membership Information

Home church _____ Conference _____ Union _____

Pastor's name _____ Phone _____ Pastor's e-mail _____

Ministry Information

Summarize your purpose and/or mission statement _____

Briefly describe your organization's activities _____

Experience **ASI!**
Apply Today!

WWW.ASIMINISTRIES.ORG

Personal Evangelism

I am currently involved in the following types of ministry:

- Health or lifestyle education Local Bible studies Local or overseas evangelism
- Sharing Christ through my business or ministry in the following ways _____
- _____
- Other _____

I would be interested in volunteering to assist ASI or ASI ministries with: *(please rank 1st, 2nd, 3rd choice, etc.)*

- ___ Membership recruitment ___ Annual conference volunteers ___ Newsletter
- ___ Media (web, video, TV, etc) ___ Short-term missions ___ International missions
- ___ Mentoring ___ Prayer ministry ___ Evangelism presenter
- ___ Evangelism training ___ Other: (please specify) _____

List individuals from your organization who would like to receive *Inside ASI* magazine and the *ASI Update*:

Name _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Name _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Commitment

Having read the purpose and objectives of ASI, and recognizing that my business or profession is a ministry, I desire and pledge to uphold the standards and goals of ASI. I commit my life, office, talents and strengths to "Sharing Christ in the Marketplace."

Signature _____ Date _____

Membership Dues *(in US dollars)*

- Organizational Non-Profit \$210 _____
- Organizational For-Profit
- 2-9 employees \$210 _____
- 10-25 employees \$265 _____
- 26-40 employees \$370 _____
- 41 or more employees \$370 _____
- (plus \$1.50 for each employee above 40)*
- Associate Member \$130 _____
- Associate International \$210 _____

Total Payment: _____

Payment Method

- Cash Check Credit card
- Credit card number _____
- Charge amount _____
- Exp. date _____ Security code (3 or 4 Digits) _____
- Name on card _____
- Billing address _____
- _____
- Same as Business address Home address