FGBMFI MEMBERSHIP APPLICATION

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

MEMBERSHIP TYPE: *(choose one type)*

☐ MEN'S REGULAR ● 1 Year = $50
☐ MEN'S EXECUTIVE ● 1 Year = $100
☐ YOUTH (24 or younger) ● 1 Year = $20
☐ LADIES OF FELLOWSHIP ● 1 Year = $50
☐ LADIES EXECUTIVE ● 1 Year = $100

(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 also understand that becoming a member is a covenant agreement with God and my fellow members. I hereby apply for membership in FGBMFI.

_____ _____
Applicant Signature Date