

FGBMFI MEMBERSHIP APPLICATION

COMPLETE THIS FORM. PLEASE PRINT CLEARLY.
GIVE TO CHAPTER PRESIDENT OR SEND TO FGBMFI - USA NATIONAL OFFICE WITH PAYMENT

MEMBERSHIP TYPE (choose one type)	PE: ☐ MEN'S REGULAR • 1 Year = \$25 ☐ MEN'S LIFE TIME • Life Time = \$25 ☐ YOUTH (24 or younger) • 1 Year =	
APPLICANT—PERS	SONAL 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 VERIFIC	CATION:	
Chapter Name:		Chapter Number:
Chapter Officer Signatu	ure:	
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:_	<u> </u>	<u> </u>
Expiration Date: /	/ Security Code://	// (3 digits on back of card—Amex 4 digits on front)
Name On Card (Exactly A	As It Appears):	
Signature:		Date:
	ement of Belief (on reverse side), and will abbecoming a member is a covenant agreement	vide by the FGBMFI Scriptural Code of Conduct. I with God and my fellow members. I hereby apply
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