FGBMFI MEMBERSHIP APPLICATION

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

MEMBERSHIP TYPE: ☐ MEN'S REGULAR ● 1 Year = $25 ☐ LADIES OF FELLOWSHIP ● 1 Year = $25
(*choose one type*) ☐ MEN'S LIFE TIME ● Life Time = $250 ☐ LADIES LIFE TIME ● Life Time = $250
☐ 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 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

FGBMFI - USA ● 601 N. Mur-Len Road, Suite 16 ● Olathe, KS 66062 ● Tel. +1 949-529-4688 ● Email: info@fgbmfi.org

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