

LIVING IN DELIVERANCE INTERNATIONAL MINISTRY  
MEMBERSHIP INFORMATION FORM/INDIVIDUAL

Please take a few minutes to fill out this form.

For Individual membership, please use the Individual Membership Application Form.

Your participation will help to keep our Organization active– and you'll find that Organization is more

interesting when you're involved. As you see, time commitments can be brief, moderate, or lasting, so we hope you'll let us know what you would like to do.

Name First : \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender Female ( ) Male ( )

Street Address:

City, State, Zip:

Telephone: (home) (work)

Cell Phone: E-Mail

Please check the following ways you would be willing to participate in the Organization this year:

- Attend monthly meetings (program presented)
- Make telephone calls for meetings and other activities
- Committee member (Circle ones of interest)

Natural Resources like Researches

International Issues Health Care support

Social work for Men/Women's Issues

- Board member (position)
- A participant in a Kid Club and Youth Program (Circle One that fit you)
- Letter writing to Local and International Agencies
- Grant Writer services
- Refreshments for meetings
- Donate home for meetings
- Could we call you if we need help with specific activity? (For example: new member orientation, holiday party, annual meeting, fundraiser, yes/no

(other) Specify

- Mentor for new members
- Recruit new members

Finance drive

What special skills or experience can you bring to the Organization?

Do you know someone who would like to join our Organization? (friends, acquaintances, relatives)

Name:

Address

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please return this completed form to Membership Chair

Your name: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ -

Comments: Please tell us about yourself be specific please

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Print Name: \_\_\_\_\_

Applicant Signature date \_\_\_\_\_

Membership in this organization is open to all persons, regardless of race, color, religion, sex, national origin, handicap or familial status

**BUT WE RESERVED THE RIGHTS TO TERMINATE OR DISQUALIFY ANY FALSE OR MISCONDUCT APPLICANTS**

Please Read and Initial Revised 2016

send them to:

Living in Deliverance International Ministry

P.O. BOX 61974

Fort Myers, FL 33906