



Ten Thousand Men

Ministry

MEMBERSHIP APPLICATION			
APPLICANT INFORMATION			
Last:	First:	Middle Initial:	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr.
Date of Birth:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		
Physical Address:			
City:	State:	ZIP Code:	
Mailing Address:			
City:	State:	ZIP Code:	
Home Phone:	Daytime Phone:	Mobile:	
Occupation:	Annual Income: <input type="checkbox"/> \$15K-\$50K <input type="checkbox"/> \$50K-\$75K <input type="checkbox"/> \$75K and Above		
Level Of Education: <input type="checkbox"/> 4-Year College Grad. <input type="checkbox"/> 2-Year/Some College <input type="checkbox"/> Special Training <input type="checkbox"/> High School Grad.			
Email:	Social Media Profile: <input type="checkbox"/> FaceBook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn		
EMERGENCY CONTACT			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
LIST OF TALENTS, SPECIAL ABILITIES AND AREAS OF INTEREST			
1.	2.	3.	
4.	5.	6.	
7.	8.	9.	
SIGNATURES			
I understand the reason for this application and have been given a full explanation of the reason for this submission. I understand that this application does not guarantee membership and/or access to any privileges or benefits of membership. I understand that this application is subject to approval and can be revoked at any time by the governing party or at my request. My application is verifiably true to the best of my knowledge. I have received a copy of this application.			
Signature of Applicant:			Date:
Print Name of Applicant:			

My Beloved is fair and ruddy, the Chief among ten thousand!
Song of Solomon 5:10