

CBMC Membership Application

*Note: Please Print Clearly

Name: _____ Preferred Name: _____ Birth Date: _____

Spouse: _____ Preferred Name: _____ Birth Date: _____

Home Address: _____ Home Phone: () _____

City/State/Zip: _____ E-Mail: _____

Name of Employer: _____

Business Address: _____ Business Phone: () _____

City/State/Zip: _____ Fax: _____

Occupation: _____

Preferred mailing address for ministry material: Business Home

Ministry Involvement Survey

- I have been through *Operation Timothy* personally.
- I'm going through *Operation Timothy* personally for the first time.
- I'm taking one or more men through *Operation Timothy*. How many?
- I use the Ten Most Wanted Card.
- I meet with a Committee/Team (CBMC and/or CBMC FORUMS).

Name of Team: _____ City/State: _____

Financial Involvement

I commit, in faith, to be a financial partner in CBMC's ministry through the following gifts during the next 12 months:

CBMC National Ministry: \$75 \$150 \$250 \$500 Other _____ Monthly \$ _____ Yearly \$ _____

For Staff/Metro Staff (please specify): _____ \$ _____ \$ _____

Total: \$ _____ \$ _____

I have enclosed my first tax-deductible gift of \$ _____

Check Visa/MasterCard

Credit Card # _____ Expiration Date: _____

Please send me a Direct Giving application Please make all checks payable to CBMC. Thank you!

By submitting this form, I acknowledge Jesus Christ as my personal Savior and the Lord of my life and that I have read and understand CBMC's mission and statement of faith.

Applicant Signature: _____ Date: _____

Mail to: CBMC, Inc. P.O. Box 8009 Chattanooga, TN 37414-0009