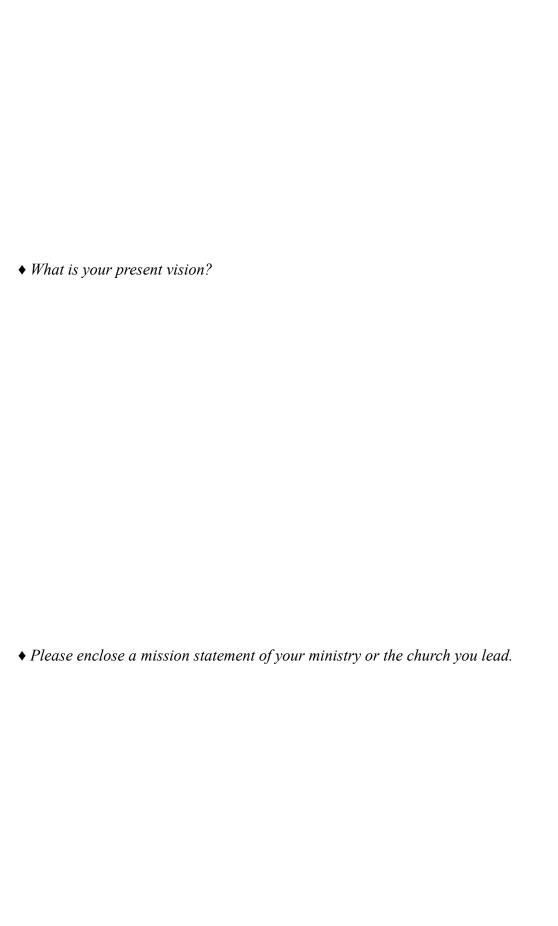


## Federation of Ministers &

## Churches International

MEMBERSHIP APPLICATION FORM FOR FMCI

Date:	
Name:	
Spouse'name:	
Birthdays of both: (month/day only)	
Position:	
Church or Ministry Name:	
Office Ph:	Home Ph:
Cell Ph:	Fax Ph:
Children's names and ages:	
Web site:	



♦ Please list any references you have.