



Instructions:

- 1. Please complete the entire form.
- 2. Type or print clearly.
- 3. For more info, visit www.ASIamidamerica.org or info@ASIamidamerica.org
- 4. Return completed application along with dues payment to:
ASI Mid America 1001 NW Vesper, Blue Springs MO 64015
Or Fax This Form To 816-228-3011

Membership Application

Type of Membership *(check one)*

- Organizational For-Profit
- Organizational Non-Profit (see additional requirements under membership categories)
- Associate Associate International

Applicant Information

Applicant Name _____

Spouse _____

Organization name (if organizational applicant) _____

Year organization was established _____ Total number of employees (including applicant) _____

Business address _____

City _____ State _____ Zip code _____

Business phone _____ Fax number _____ Mobile phone _____

E-mail address _____ Website _____

Home address _____

Street address _____

City _____ State _____ Zip Code _____

Home phone _____

Preferred mailing address Home Office

Preferred method of contact Home phone Office phone Cell phone E-mail

Church Membership

Home church _____ Conference _____ Union _____

Pastor's name _____ Phone _____ Pastor's e-mail _____

Ministry Information

Summarize your purpose and/or mission statement _____

Briefly describe your organization's activities _____

Experience ASI!

Apply Today!

www.ASIamidamerica.org

Personal Evangelism

I am currently involved in the following types of ministry:

- Health or lifestyle education Local Bible studies Local or overseas evangelism
 Sharing Christ through my business or ministry in the following ways _____

 Other _____

I would be interested in volunteering to assist ASI or ASI ministries with: *(please rank 1st, 2nd, 3rd choice, etc.)*

- ___ Membership recruitment ___ Annual conference volunteers ___ Newsletter
___ Media (web, video, TV, etc) ___ Short-term missions ___ International missions
___ Mentoring ___ Prayer ministry ___ Evangelism presenter
___ Evangelism training ___ Other (please specify) _____

List individuals from your organization who would like to receive *Inside ASI magazine* and the *ASI Update*:

Name _____ Position _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Name _____ Position _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Name _____ Position _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Commitment

Having read the purpose and objectives of ASI, and recognizing that my business or profession is a ministry, I desire and pledge to uphold the standards and goals of ASI. I commit my life, office, talents and strengths to "Sharing Christ in the Marketplace."

Signature _____ Date _____

Membership Dues *(in US dollars)*

- Organizational Non-Profit \$210 _____
 Organizational For-Profit
 2-9 employees \$210 _____
 10-25 employees \$265 _____
 26-40 employees \$370 _____
 41 or more employees \$370 _____
 (add \$1.50 for each employee above 40)
 Associate Member \$130 _____
 Associate International \$210 _____

Total Payment: _____

Payment Method

- Cash Check Credit card
Credit card number _____
Charge amount _____
Exp. date _____ Security code (3 or 4 Digits) _____
Name on card _____
Billing address _____
Same as Business address Home address