



MEMBERSHIP APPLICATION

Please indicate the type of annual membership desired:

- Business Owners/partners - \$300.00 per organization
- Professional - \$150.00
- Professional or Professional support employees (with salary of \$1,800.00 or less per month) - \$100.00
- Retirees - \$50.00
- College students (18 years and older) - \$35.00

APPLICANT INFORMATION

Applicant Name:

Spouse Name:

Business Name:

Business Address:

City:	Country: BAHAMAS	Postal Code:
Home Phone:	Business Phone:	Fax Number:
Mobile Phone:	Email Address:	Website:

Home Address:

City:	Country:	Postal Code:
-------	----------	--------------

Preferred mailing address: Home Business

Preferred methods of contact: Home phone Office phone Cell phone Email

CHURCH MEMBERSHIP

Home Church:	Conference:	Union:
Pastor's Name:	Pastor's Phone:	Pastor's Email:

COMMITMENT

Having read the Mission and Vision 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 of applicant: _____	Date: _____
-------------------------------	-------------

FOR OFFICIAL USE ONLY

Approved Not approved

Receipt number: _____ **Date:** _____ **Membership number:** _____

Signature of Treasurer/Secretary