



Membership Application/Renewal

## ANTIOCH RESTORATION MINISTRIES INTERNATIONAL

MEMBERSHIP TYPE:  CHURCH  PARA-CHURCH  INDIVIDUAL  MARKETPLACE  OTHER \_\_\_\_\_

### APPLICANT INFORMATION

Name:	Title:	Phone:
Current Mailing Address:		
City:	State:	ZIP Code:
Email:	Website:	Country:

**CREDENTIALS:**  **ORDAINED BY:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

### SPOUSE INFORMATION (IF JOINT MEMBERSHIP)

Name:		
Title:	Email:	Phone:

### MINISTRY INFORMATION (IF PARA-CHURCH, INDIVIDUAL, MARKETPLACE)

Name:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
		Country:

### CHURCH INFORMATION (IF FULL CHURCH MEMBERSHIP)

Church Name:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Congregation Size:		Country:

### REFERENCES

Name	Address	Phone

### ADMINISTRATOR, ASSISTANT

Name	Phone
Name	Phone

### SIGNATURES

**Statement of Truth**

I understand that this application and its contents are held in confidence. Only authorized staff and leadership of ARMI shall review it. I hereby state that all information contained here is correct and true and may be verified by the ARMI Network as they see fit.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: