

**AMERICAN MISSION TEAMS**  
EVANGELISTIC ORGANIZATION, INC.

**MEMBERSHIP APPLICATION**  
*LAY MINISTRY AND GENERAL MEMBERSHIPS*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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Single     Married     Divorced     Remarried     Widow/Widower

Spouse's Name: \_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_

Are you filled with the Holy Spirit?    Yes    No

Name of Church/Ministry: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Average Church Attendance:    Weekly     Bi-Weekly     Monthly     Other

Explain: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_