

By The Grace Of God Motorcycle Ministry – National

Application for Membership

Each applicant must fill out his/her own application. Please take your time to answer all of the questions completely. Incomplete applications may prolong the prospecting process.

<i>First Name:</i>	<i>Last Name:</i>
<i>Mailing Address:</i>	
<i>City/State/Zip:</i>	
<i>Home Phone:</i>	<i>Work Phone:</i>
<i>Cell Phone:</i>	<i>Email:</i>
<i>Birthdate:</i>	<i>Are you a born-again Christian?</i>

<i>Name of Home Church:</i>
<i>Address of Home Church:</i>

<i>Briefly explain what being a Christian means to you:</i>

<i>On what do you base your assurance of salvation?</i>

<i>What Bible verse or group of verses gives you assurance of salvation?</i>

<i>Are you a member of any other Motorcycle group, club, or ministry?</i>

<i>Have you read, and do you agree with, our Statement of Faith and our Operational Procedures?</i>

<i>Do you have a motorcycle, a valid driver's license, and insurance for the class of your motorcycle?</i>
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My signature below is evidence that I have read and agreed with the Statement of Faith and the Operational Procedures of By The Grace Of God Motorcycle Ministry – National. I do also attest that I currently possess a valid driver's licence for the class and type of motorcycle that I own and operate, and I do carry proper insurance for that motorcycle as required by law in the state in which I reside. By signing this application it is my desire to pursue full and active membership in By The Grace Of God Motorcycle Ministry – National.

<i>Signature:</i>	<i>Date:</i>
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PLEASE DO NOT WRITE ON THIS PAGE – FOR OFFICE USE ONLY

Date Application Received:

We have met with this applicant and have heard a verbal testimony of how and when they came to a saving knowledge of Jesus Christ. We hereby recommend this applicant approved to engage in the membership process.

Founding Members Signatures:

President:

Vice-President:

Secretary:

Treasurer:

Date colors awarded:

**Chapters, please send the original copy of this application to the home office.
Please do not write below this line – for Home Office use only.**

Date applied for chapter status:

Date chapter status awarded:

Founding Members' Signatures:

President:

Vice-President:

Secretary:

Treasurer:
