

# Regular Membership Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency Phone \_\_\_\_\_

Agency Address \_\_\_\_\_

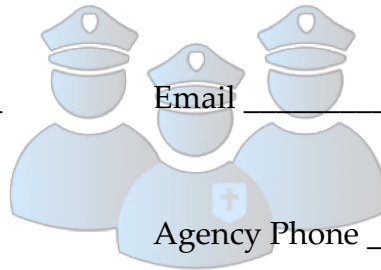
Agency City \_\_\_\_\_ Agency State \_\_\_\_\_ Agency Zip \_\_\_\_\_

Job Title / Rank \_\_\_\_\_

I have read and agree with the mission of Blue Light Ministries and the Doctrinal Statement of Faith

I agree to the Regular Membership fee of \$10 per month

Please email a completed copy of this form to [contact@bluelightministries.org](mailto:contact@bluelightministries.org)



# Blue Light Ministries