

APPLICATION FOR MEMBERSHIP



The Auxiliary of
The Gideons International

P.O. Box 140800, Nashville, Tennessee 37214-0800

Name (please print) _____
(Title) (Wife's First Name and Initial) (Last Name) (Husband's First Name)

Address _____
(Street/Apt. Number) (City) (State) (Zip Code)

E-mail _____ Preferred Phone () - _____ Birth Date ____/____/____
□ Home □ Cell □ Business (Month) (Day) (Yr)

A Do you believe the Bible is the inspired (i.e. infallible & inerrant) Word of God? (II Timothy 3:16) _____
(Yes/No)

Do you believe in the Lord Jesus Christ as the eternal Son of God? (John 3:16) _____
(Yes/No)

Have you received Him as your personal Savior? (Romans 10:9) _____
(Yes/No)

Do you endeavor to follow Him in your daily life? (Romans 12:1-2) _____
(Yes/No)

Do you believe in the endless lake of fire for the unsaved? (Revelation 20:10-15) _____
(Yes/No)

Do you accept the Biblical standard of marriage being between one man and one woman? (Genesis 2:24) _____
(Yes/No)

B Are you a laywoman? *(Note: A laywoman means one who is not generally accepted and recognized as a practicing clergywoman, pastor, minister of a church, evangelist, or missionary.)* _____
(Yes/No)

C Are you a member in good standing of a church, as your church defines membership? _____
(Yes/No)

D Name of church and denomination (please print): _____

E Is your husband a Gideon? _____ Husband's Gideon number _____
(Yes/No)

F Name of Camp _____

G Have you held previous Auxiliary membership? _____ Where? _____
(Yes/No)

If yes, approximate date and your Auxiliary number: _____
(Approximate Date) (Auxiliary Number)

DECLARATION

I have prayerfully considered all of the preceding questions. I now apply for membership in The Auxiliary of The Gideons International. I also understand that the Membership Committee must examine this application, along with any other pertinent information, as it has the responsibility of guarding the Association's membership standards. If accepted, I agree to do the work of the Auxiliary according to the policies and guidelines as determined by the International Cabinet of The Gideons International.

Applicant's signature _____ **Date** _____

\$30.00 Annual Membership OR \$300.00 Life Membership **(must be the wife of a Life Member)**

Payment Options: Cash \$ _____ Check \$ _____ Credit Card \$ _____ ACH/EFT \$ _____

(If using credit card or ACH, please see back side.)

TEMPORARY RECEIPT (to be given to applicant)

Received of _____ Dollars for Gideon Auxiliary Membership

Date _____ Signed _____ (Detach receipt on dotted line)

(Camp Secretary-Treasurer)

DUES PAYMENT INFORMATION

ACH/EFT* INFORMATION (Checking or Savings Account) *Automatic Clearing House/Electronic Funds Transfer

Bank Name: _____ Checking Savings

ABA Routing Number: _____ Account Number: _____
(First 9 digits at the bottom of the check) (Middle set of digits at the bottom of the check)

I authorize The Gideons International to debit the account number above as follows: (Please check only one box)

First Year Membership for \$30 (**one-time charge**) Lifetime Membership for \$300 (**must be the wife of a Life Member**)

First Year, and Annually, for \$30 Membership dues (**upon application and then in February of each successive year**)

I understand and agree that either one-time Membership dues option I checked above will be charged immediately. For the Annual Membership Renewal option, the \$30 dues will be debited upon application, and then on or about the first banking business day of February each year. I also understand that fees caused by transaction activity will be debited on or about the next business day after The Gideons International receives the transaction. I authorize The Gideons International to credit the account listed for transactions received.

Signature: _____ Date: _____

CREDIT CARD INFORMATION

First Year Membership for \$30 (**one-time charge**) Lifetime Membership for \$300 (**must be the wife of a Life Member**)

First Year, and Annually, for \$30 Membership dues (**upon application and then in February of each successive year**)

Visa American Express MasterCard Discover

Card # mo. yr.
expiration date

_____ name as shown on card

_____ billing address _____ city _____ state _____ zip code

_____ amount _____ authorized signature

THE INFORMATION BELOW IS TO BE COMPLETED BY THE SPONSOR OF THIS APPLICANT.

Source of application for membership: Individual Enlistment Annual Membership Dinner Camp Development Plan

Recommended by _____ Gideon No. _____
(MUST BE SIGNED BY A GIDEON—OTHER THAN A RELATIVE)

Sponsor's signature _____ Auxiliary No. _____
(Must be an Auxiliary Member)

Camp Auxiliary _____
(President) (Secretary-Treasurer)

DO NOT USE THE SPACE BELOW

INTERNATIONAL MEMBERSHIP COMMITTEE REPORT

We, the Membership Committee of The Gideons International, have examined this application and have taken action as indicated below: **ANNUAL** **LIFE**

Approved Not Approved Committee Chairman's Initials _____ Date _____
 Approved Not Approved Committee Member's Initials _____ Date _____
 Approved Not Approved Committee Member's Initials _____ Date _____

"The Auxiliary is an integral part of The Gideons International. The purpose of the Auxiliary is to assist the Gideons in their single objective through prayer, personal testimony, personal work, association for service and placing and distributing the Bible—God's Holy Word—or portions thereof in approved venues."