

APPLICATION FOR MEMBERSHIP

An Association of Christian Business and Professional Men



Section I. PERSONAL INFORMATION (Please Print)

Name _____
(Title) (First) (Middle) (Last)

Mailing address _____
(Street/Apt. Number)

(City) (State) (Zip Code)

(Preferred Phone Number with Area Code) (Alternate Phone Number with Area Code)
 Home Cell Business Home Cell Business

Email _____

Birth Date ____/____/____ Married ____
(Month) (Day) (Year) (Yes/No) (Wife's Name)

Section II. SPIRITUAL INFORMATION

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 layman? (Note: A layman means one who is not generally accepted and recognized as a practicing clergyman, 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): _____

Church address (print): _____
(Address, if known) (City) (State) (Zip Code)

Church email or web address (if known): _____

Church phone number (if known): _____

E Name of pastor/minister: (please print): _____

Pastor's/minister's phone number (if known): _____
HOME (Area Code) Phone CELL (Area Code) Phone

Pastor's/minister's e-mail address (if known): _____

F Have you held previous Gideon membership? _____ Where? _____
(Yes/No)

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

I am applying for membership in The Gideons International on the basis of my occupation (or that from which I retired) and from which my primary income is derived.

Complete either Section III or IV as applicable.

Section III. BUSINESS OCCUPATIONS

A The name of my business, or that in which I am involved is:

(Physical address)

(City)

(State)

(Zip Code)

(Website)

B The nature/kind of my business, or that in which I am involved is (Brief description of goods/services rendered):

C My title is: _____

D In the exercise or conduct of your business, would you:

1. Be generally accepted and recognized as a businessman (including proprietor, partner, executive, officer, manager/supervisor/team leader, salesman/buyer/agent, or farmer)?

_____ (Yes/No)

2. Deal with the public?

_____ (Yes/No)

3. Assume responsibility for or influence business-related outcomes?

_____ (Yes/No)

4. Exercise business related judgments or decisions?

_____ (Yes/No)

5. Have some control over your own time during the business day?

_____ (Yes/No)

6. Employ or supervise personnel?

_____ (Yes/No)

Section IV. PROFESSIONAL OR INSTITUTIONAL OCCUPATIONS

A My profession is: _____

B My title is: _____

C Do you have a related four-year degree or above? _____
(Yes/No)

Name degree: _____ and institution: _____

(If answered "yes," go to Section V. Declaration.)

D In lieu of a four-year degree, please describe the experience that qualifies you into your profession:

E If you are military, law enforcement, or a government employee, please give rank/grade: _____

Section V. DECLARATION

I have prayerfully considered all the preceding questions. I now apply for membership in 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 ministry according to the policies and guidelines as determined by the International Cabinet of The Gideons International.

APPLICANT'S SIGNATURE _____ Date _____

\$60.00 Annual Membership OR \$1,500.00 Life Membership

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

(Complete information at right)

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

gideons.org
615.564.5000

DO NOT USE THE SPACE BELOW

[This information will be completed at International Headquarters.]

Camp President: Credentials Sent: Camp Assignment: Gideon Number:

MEMBERSHIP DEPARTMENT — PASTOR ENDORSEMENT

(a) Is he a member of your church as your church defines membership? YES NO

(b) Is he in good standing? YES NO

Pastor's Comments: _____

Given by (name): _____

Pastor Associate Pastor Minister of Education Minister of Music Other

Date: ____/____/____ By: _____
(Headquarters Staff Initials)

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 _____

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CAMP PRESIDENT CONTACT INFORMATION

Name: _____

Phone Number: _____

Email: _____

TEMPORARY RECEIPT

(To be given to applicant)

Received of: _____

for Gideon Membership, Date:

____/____/____

\$ _____

(Sponsoring Gideon)

This receipt is given in acknowledgment of advance payment of membership dues. If this application is approved by the International Membership Committee, a membership card and emblem will be issued to you. Otherwise, your payment will be refunded.



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Nashville, Tennessee
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