



## MEMBERSHIP APPLICATION FORM

How did you hear about CHC?

Referred by:

**Name:**

Current address:

City:	State:	ZIP Code:
Email:	Phone:	<b>Date of Birth:</b>

### REGISTRATION TYPE

- Individual     
  Couple     
  Family     
  College Student     
  Senior (62+)

### SPOUSE INFORMATION – (IF JOINING WITH SPOUSE)

<b>Name:</b>	Anniversary Date:
<b>Date of Birth:</b>	Email: <span style="float: right;">Phone:</span>

### EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?
Phone:	E-mail:
City:	State: <span style="float: right;">ZIP Code:</span>

Position:

### MEDICAL EXPENSE SHARING MINISTRY

Samaritan Ministries Member      Samaritan Ministries Membership Number:

Other Medical Expense Sharing Ministry      Name of Ministry:

### SPOUSE EMPLOYMENT INFORMATION - (IF APPLICABLE)

Current employer:

Employer address:	How long?
Phone:	E-mail:
City:	State: <span style="float: right;">ZIP Code:</span>

Position:

### CHILDREN - IF MEMBERSHIP PRIVILEGES ARE DESIRED

Name	Birthdate	Name	Birthdate
Name	Birthdate	Name	Birthdate
Name	Birthdate	Name	Birthdate

### COLLEGE INFORMATION (IF APPLYING AS COLLEGE STUDENT)

College Name	Graduation Date
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CHURCH INFORMATION		
Name:	Address:	Phone:
Pastor/Ministry Leader:	Pastor/Ministry Leader's E-mail:	
EMERGENCY CONTACT		
Name of local friend or relative (not living at same address):		
Phone:	Relationship:	
MEMBERCARE PACKAGE (5% DISCOUNT WHEN PAYING YEARLY FEE)		
Individual Membership	<input type="checkbox"/> \$80 monthly   <input type="checkbox"/> \$912 Year   SAM Member Annual	<input type="checkbox"/> \$821 Year
Couple Membership	<input type="checkbox"/> \$160 monthly   <input type="checkbox"/> \$1824 Year   SAM Member Annual	<input type="checkbox"/> \$1614 Year
Family Membership (up to 4 members)	<input type="checkbox"/> \$180 monthly   <input type="checkbox"/> \$1944 Year   SAM Member Annual	<input type="checkbox"/> \$1750 Year
Additional child \$10 each	<input type="checkbox"/> \$190 monthly   <input type="checkbox"/> \$2166 Year   SAM Member Annual	<input type="checkbox"/> \$1949 Year
Additional child \$10 each	<input type="checkbox"/> \$200 monthly   <input type="checkbox"/> \$2280 Year   SAM Member Annual	<input type="checkbox"/> \$2052 Year
Additional child \$10 each	<input type="checkbox"/> \$210 monthly   <input type="checkbox"/> \$2394 Year   SAM Member Annual	<input type="checkbox"/> \$2155 Year
Additional child \$10 each	<input type="checkbox"/> \$220 monthly   <input type="checkbox"/> \$2508 Year   SAM Member Annual	<input type="checkbox"/> \$2257 Year
Additional child \$10 each	<input type="checkbox"/> \$230 monthly   <input type="checkbox"/> \$2622 Year   SAM Member Annual	<input type="checkbox"/> \$2360 Year
College Student	<input type="checkbox"/> \$30 monthly   <input type="checkbox"/> \$342 Year   SAM Member Annual	<input type="checkbox"/> \$308 Year
Senior (62+)	<input type="checkbox"/> \$70 monthly   <input type="checkbox"/> \$798 Year   SAM Member Annual	<input type="checkbox"/> \$718 Year
Senior Couple (62+)	<input type="checkbox"/> \$140 monthly   <input type="checkbox"/> \$1496 Year   SAM Member Annual	<input type="checkbox"/> \$1346 Year
FOR SAMARITAN MEMBERS ONLY – Extra 10% Discount on CHC Yearly MemberCare (Reflected in 3 <sup>rd</sup> Column)	Total Membership Fees (Above)	\$ _____
CAM MemberCare Optional add on \$45 per person per month	\$45 X ____ person(s) =	\$ _____
TOTAL		\$ _____
PAYMENT INFORMATION		
<input type="checkbox"/> Enclosed is a check made payable to Christian Healthcare Centers <input type="checkbox"/> Please charge my <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		
Card Number: _____ / _____ / _____ / _____ Exp Date _____ CCV# _____		
Cardholders Name: _____		
Signature: _____		
I affirm that the information provided on this form is correct.		
Signature of applicant:	Date:	
Signature of spouse (only if for a joint membership):	Date:	

All checks made payable to: Christian Healthcare Centers

Mail Form & Payment to:

Christian Healthcare Centers  
PO Box 151190  
Grand Rapids, MI 49515