



FOR OFFICE USE ONLY:

Bloom _____

ECW _____

Hint _____

MP _____

MEMBERSHIP APPLICATION FORM

How did you hear about CHC?

Referred by:

Name:

Current address:

City:	State:	ZIP Code:
Email:	Phone:	Date of Birth:

REGISTRATION TYPE

- Individual
 Couple
 Family
 College Student
 Senior (62+)

SPOUSE INFORMATION – (IF JOINING WITH SPOUSE)

Name:	Phone:
Date of Birth:	Email:

EMPLOYMENT INFORMATION

Current employer:	Position:	
Employer address:	How long?	
Phone:	E-mail:	
City:	State:	ZIP Code:

INSURANCE / MEDICAL EXPENSE SHARING MINISTRY

<input type="checkbox"/> Samaritan Ministries Member	Samaritan Ministries Membership Number:
<input type="checkbox"/> Other Medical Expense Sharing Ministry	Name of Ministry:
<input type="checkbox"/> Insurance Company:	

Preferred Pharmacy:

SPOUSE EMPLOYMENT INFORMATION - (IF APPLICABLE)

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	
City:	State:	ZIP Code:
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:
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MEMBERCARE PACKAGE (5% discount when paying yearly fee)		SAMARITAN MEMBERS (10% DiSCOUNT)	
Individual Membership	<input type="checkbox"/> \$80 monthly <input type="checkbox"/> \$912 Year	SAM Member	<input type="checkbox"/> \$72 monthly <input type="checkbox"/> \$816 Year
Couple Membership	<input type="checkbox"/> \$160 monthly <input type="checkbox"/> \$1824 Year	SAM Member	<input type="checkbox"/> \$144 monthly <input type="checkbox"/> \$1632 Year
Family Membership (up to 4 members)	<input type="checkbox"/> \$180 monthly <input type="checkbox"/> \$2052 Year	SAM Member	<input type="checkbox"/> \$162 monthly <input type="checkbox"/> \$1836 Year
Additional child \$10 each	<input type="checkbox"/> \$190 monthly <input type="checkbox"/> \$2166 Year	SAM Member	<input type="checkbox"/> \$171 monthly <input type="checkbox"/> \$1938 Year
Additional child \$10 each	<input type="checkbox"/> \$200 monthly <input type="checkbox"/> \$2280 Year	SAM Member	<input type="checkbox"/> \$180 monthly <input type="checkbox"/> \$2040 Year
Additional child \$10 each	<input type="checkbox"/> \$210 monthly <input type="checkbox"/> \$2394 Year	SAM Member	<input type="checkbox"/> \$189monthly <input type="checkbox"/> \$2142 Year
Additional child \$10 each	<input type="checkbox"/> \$220 monthly <input type="checkbox"/> \$2508 Year	SAM Member	<input type="checkbox"/> \$198 monthly <input type="checkbox"/> \$2244 Year
Additional child \$10 each	<input type="checkbox"/> \$230 monthly <input type="checkbox"/> \$2622 Year	SAM Member	<input type="checkbox"/> \$207 monthly <input type="checkbox"/> \$2346 Year
Child Membership	<input type="checkbox"/> \$10 monthly <input type="checkbox"/> \$114 Year	SAM Member	<input type="checkbox"/> \$9 monthly <input type="checkbox"/> \$102 Year
College Student	<input type="checkbox"/> \$30 monthly <input type="checkbox"/> \$342 Year	SAM Member	<input type="checkbox"/> \$27 monthly <input type="checkbox"/> \$306 Year
Senior (62+)	<input type="checkbox"/> \$70 monthly <input type="checkbox"/> \$798 Year	SAM Member	<input type="checkbox"/> \$63 monthly <input type="checkbox"/> \$714 Year
Senior Couple (62+)	<input type="checkbox"/> \$140 monthly <input type="checkbox"/> \$1496 Year	SAM Member	<input type="checkbox"/> \$126 monthly <input type="checkbox"/> \$1428 Year
	Sub-Total Membership Fees (Above)		\$ _____
ONE TIME ADMIN FEE (Effective Jan 1, 2019) \$50 Individual \$75 Family	ADMIN FEE		\$ _____
	Grand Total		\$ _____

PAYMENT INFORMATION

Checking / Savings Account

Name on Account _____

Bank Name _____

Routing # _____

Acct # _____

Credit Card

Cardholder Name _____

Acct # _____

Exp Date _____

CVV (3 digit number on back of card) _____

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
 3322 Beltline Ct., NE
 Grand Rapids, MI 49525