



FOR OFFICE USE ONLY:	
ECW	_____
Hint	_____
Paperwork	_____

MEMBERSHIP APPLICATION FORM

How did you hear about CHC? _____ **Race :** White Hispanic African American Asian Other

Legal First Name: _____ **Preferred Name:** _____ **Last Name:** _____

Current address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Email: _____ **Phone:** _____ **Date of Birth:** _____

REGISTRATION TYPE

Individual Couple Family College Student Senior (65+)

SPOUSE INFORMATION – (IF JOINING WITH SPOUSE)

Legal First Name: _____ **Preferred Name:** _____ **Last Name:** _____

Race : White Hispanic African American Asian Other

Date of Birth: _____ **Phone:** _____ **Email:** _____

EMPLOYMENT INFORMATION

Current employer: _____ Position: _____

Employer address: _____ How long? _____

Phone: _____ E-mail: _____

City: _____ State: _____ ZIP Code: _____

INSURANCE / MEDICAL EXPENSE SHARING MINISTRY

Samaritan Ministries Member Membership Number: _____

Other Medical Expense Sharing Ministry Name of Ministry: _____

Insurance Company: _____

Preferred Pharmacy: _____

SPOUSE EMPLOYMENT INFORMATION - (IF APPLICABLE)

Current employer: _____ Position: _____

Employer address: _____ How long? _____

Phone: _____ E-mail: _____

City: _____ State: _____ ZIP Code: _____

CHILDREN (IF MEMBERSHIP PRIVILEGES ARE DESIRED)

Name	Birthdate	M	F	Name	Birthdate	M	F
Name	Birthdate	M	F	Name	Birthdate	M	F
Name	Birthdate	M	F	Name	Birthdate	M	F
Name	Birthdate	M	F	Name	Birthdate	M	F

COLLEGE INFORMATION (IF APPLYING AS TRADITIONAL UNGRAD COLLEGE STUDENT)

College Name _____ Graduation Date _____

CHURCH INFORMATION

Name:	Address:	Phone:
Pastor/Ministry Leader:		

EMERGENCY CONTACT

Name of local friend or relative (not living at same address):	
Phone:	Relationship:

REGULAR MEMBERCARE (5% discount when paying yearly fee)		SAMARITAN MEMBERS (10% DiSCOUNT monthly 15% DiSCOUNT annually)
Individual Membership (19-64)	<input type="checkbox"/> \$85 monthly <input type="checkbox"/> \$969 Year	SAM Member <input type="checkbox"/> \$76.50 monthly <input type="checkbox"/> \$867 Year
Couple Membership	<input type="checkbox"/> \$170 monthly <input type="checkbox"/> \$1938 Year	SAM Member <input type="checkbox"/> \$153 monthly <input type="checkbox"/> \$1734 Year
Family Membership (up to 4 members – 2 Adult, 2 Children Ages 2-18 years)	<input type="checkbox"/> \$200 monthly <input type="checkbox"/> \$2280 Year	SAM Member <input type="checkbox"/> \$180 monthly <input type="checkbox"/> \$2040 Year
Additional child (ages 2-18) \$15 each	<input type="checkbox"/> \$215 monthly <input type="checkbox"/> \$2451 Year	SAM Member <input type="checkbox"/> \$193.50 monthly <input type="checkbox"/> \$2193 Year
Additional child (ages 2-18) \$15 each	<input type="checkbox"/> \$230 monthly <input type="checkbox"/> \$2622 Year	SAM Member <input type="checkbox"/> \$207 monthly <input type="checkbox"/> \$2346 Year
Additional child (ages 2-18) \$15 each	<input type="checkbox"/> \$260 monthly <input type="checkbox"/> \$2964 Year	SAM Member <input type="checkbox"/> \$234 monthly <input type="checkbox"/> \$2652 Year
Additional child (ages 2-18) \$15 each	<input type="checkbox"/> \$275 monthly <input type="checkbox"/> \$3135 Year	SAM Member <input type="checkbox"/> \$247.50 monthly <input type="checkbox"/> \$2805 Year
Single Child Membership (2-18 years)	<input type="checkbox"/> \$15 monthly <input type="checkbox"/> \$171 Year	SAM Member <input type="checkbox"/> \$13.50 monthly <input type="checkbox"/> \$153 Year
Infant Membership (Newborn – 24 months)	<input type="checkbox"/> \$30 monthly <input type="checkbox"/> \$342 Year	SAM Member <input type="checkbox"/> \$22.50 monthly <input type="checkbox"/> \$306 Year
College Student	<input type="checkbox"/> \$35 monthly <input type="checkbox"/> \$399 Year	SAM Member <input type="checkbox"/> \$31.50 monthly <input type="checkbox"/> \$357 Year
Senior (65+)	<input type="checkbox"/> \$75 monthly <input type="checkbox"/> \$855 Year	SAM Member <input type="checkbox"/> \$67.50 monthly <input type="checkbox"/> \$765 Year
Senior Couple (65+)	<input type="checkbox"/> \$150 monthly <input type="checkbox"/> \$1710 Year	SAM Member <input type="checkbox"/> \$135 monthly <input type="checkbox"/> \$1530 Year
	Sub-Total Membership Fees (Above) \$ _____	
ONE TIME ADMIN FEE	<input type="checkbox"/> \$50 Individual <input type="checkbox"/> \$75 Family	ADMIN FEE \$ _____
	Grand Total \$ _____	

PAYMENT INFORMATION

<u>Checking / Savings Account</u>
Name on Account _____
Bank Name _____
Routing # _____
Acct # _____

<u>Credit Card</u>
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