



FOR OFFICE USE ONLY:	
Hint	_____
ECW	_____
Paperwork	_____

MEMBERSHIP APPLICATION FORM

Location: <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Newaygo	Race: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Decline to Specify
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Legal First Name:	Last Name:	Preferred Name:
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Current address:

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

Individual
 Couple
 Family
 College Student
 Senior (65+)

SPOUSE INFORMATION – (IF JOINING WITH SPOUSE)

Legal First Name:	Last Name:	Preferred Name:
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Date of Birth:	Phone:	Email:
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Race: White Hispanic African American Asian Other Decline to Specify

EMPLOYMENT INFORMATION

Current employer:	Position:
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Employer address:	How long?
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Phone:	E-mail:
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City:	State:	ZIP Code:
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INSURANCE / MEDICAL EXPENSE SHARING MINISTRY

<input type="checkbox"/> Samaritan Ministries Member	Membership Number:
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<input type="checkbox"/> Other Medical Expense Sharing Ministry	Name of Ministry:
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<input type="checkbox"/> Insurance Company:	Subscriber Number:	Group Number:
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SPOUSE EMPLOYMENT INFORMATION - (IF APPLICABLE)

Current employer:	Position:
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Employer address:	How long?
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Phone:	E-mail:
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City:	State:	ZIP Code:
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CHILDREN (IF MEMBERSHIP PRIVILEGES ARE DESIRED)

Name	Birthdate	M	F	Name	Birthdate	M	F
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Name	Birthdate	M	F	Name	Birthdate	M	F
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Name	Birthdate	M	F	Name	Birthdate	M	F
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Name	Birthdate	M	F	Name	Birthdate	M	F
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COLLEGE INFORMATION (IF APPLYING AS TRADITIONAL UNGRAD COLLEGE STUDENT)

College Name:	Graduation Date:
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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 MINISTRY MEMBERS (10% discount monthly / 15% discount annually)
Individual Membership (19-64)	<input type="checkbox"/> \$85 monthly <input type="checkbox"/> \$969 Year SM Member <input type="checkbox"/> \$76.50 monthly <input type="checkbox"/> \$867 Year
Couple Membership	<input type="checkbox"/> \$170 monthly <input type="checkbox"/> \$1938 Year SM 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 SM Member <input type="checkbox"/> \$180 monthly <input type="checkbox"/> \$2040 Year
<i>Additional child (ages 2-18) \$15 each</i>	<input type="checkbox"/> \$215 monthly <input type="checkbox"/> \$2451 Year SM Member <input type="checkbox"/> \$193.50 monthly <input type="checkbox"/> \$2193 Year
<i>Additional child (ages 2-18) \$15 each</i>	<input type="checkbox"/> \$230 monthly <input type="checkbox"/> \$2622 Year SM Member <input type="checkbox"/> \$207 monthly <input type="checkbox"/> \$2346 Year
<i>Additional child (ages 2-18) \$15 each</i>	<input type="checkbox"/> \$260 monthly <input type="checkbox"/> \$2964 Year SM Member <input type="checkbox"/> \$234 monthly <input type="checkbox"/> \$2652 Year
<i>Additional child (ages 2-18) \$15 each</i>	<input type="checkbox"/> \$275 monthly <input type="checkbox"/> \$3135 Year SM 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 SM 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 SM Member <input type="checkbox"/> \$27 monthly <input type="checkbox"/> \$306 Year
College Student	<input type="checkbox"/> \$35 monthly <input type="checkbox"/> \$399 Year SM Member <input type="checkbox"/> \$31.50 monthly <input type="checkbox"/> \$357 Year
Senior (65+)	<input type="checkbox"/> \$75 monthly <input type="checkbox"/> \$855 Year SM 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 SM Member <input type="checkbox"/> \$135 monthly <input type="checkbox"/> \$1530 Year
<i>All children must have at least one adult membership to be eligible.</i>	
REGISTRATION FEE	<input type="checkbox"/> \$50 Individual <input type="checkbox"/> \$75 Family Subtotal Membership Fees \$ _____
	Registration Fee \$ _____
	TOTAL: \$ _____

HOW DID YOU HEAR ABOUT US?

Social Media
 Website
 CHC Info Meeting
 Friend/Family
 Other
 Current CHC Member:

PAYMENT INFORMATION

Checking / Savings Account

Name on Account _____

Bank Name _____

Routing # _____

Acct # _____

Credit Card

Cardholder Name _____

Acct # _____

Exp Date _____

CVV _____ Zip Code _____

I affirm that the information provided on this form is correct.

Signature of applicant: _____ **Date:** _____

Signature of spouse (only for joint membership): _____ **Date:** _____

**Please make all checks payable to:
 Christian Healthcare Centers - 3322 Beltline Ct. NE, Grand Rapids, MI 49525**