

# *IAD ASI* Adventist-Laypersons' Services and Industries

## *Application for Membership*

Date \_\_\_\_\_

- 1) Read material on back of application before filling out this form. Please be complete. Type or print clearly.
- 2) Send application and fee to local ASI Secretary-Treasurer.
- 3) Fill top portion of Pastor's recommendation, then give to pastor who will fill out bottom and send to ASI Secretary-Treasurer.

### A. APPLICANT INFORMATION

\_\_\_\_\_  
Name of Organization or Person

\_\_\_\_\_  
Contact Person (if Organization)

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tel. (Business)                      Tel. (Home)

Fax number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address (if other than above)  
\_\_\_\_\_

### B. CHURCH MEMBERSHIP INFORMATION

Home Church \_\_\_\_\_

Address \_\_\_\_\_

Conference/Mission \_\_\_\_\_

Union \_\_\_\_\_

### C. TYPE OF MEMBERSHIP DESIRED

- ☐ Organizational  
☐ Professional

Describe type of business/service  
\_\_\_\_\_  
\_\_\_\_\_

### D. STATISTICAL INFORMATION

Total Employees (including Yourself) \_\_\_\_\_

Year Operation Began \_\_\_\_\_

### E. REASON FOR SEEKING ASI MEMBERSHIP

\_\_\_\_\_  
\_\_\_\_\_

#### COMMITMENT

Having read the purposes, objectives and membership requirements of ASI and recognizing that my/our business or profession is a ministry, I/we desire and pledge to uphold the standards and goals of ASI. In witness thereto, I/we hereby affix my/our signature(s):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ My check for \$ \_\_\_\_\_ is attached for first year's dues.  
Please send this application with check attached to: Local ASI Secretary-Treasurer

...For Office Use Only...

#### MEMBERSHIP APPROVED

ASI President \_\_\_\_\_ Date \_\_\_\_\_

ASI Secretary-Treasurer \_\_\_\_\_ Date \_\_\_\_\_

☐ Check attached                      ☐ Pastor Recommendation Attached