

ASI MEMBERSHIP APPLICATION

PASTOR'S CONFIDENTIAL RECOMMENDATION

Applicant: Please complete the top section of the form before giving it to your Pastor

Applicant's Name _____

Address _____

Telephone (Home) _____ (Business) _____

Pastor's Name _____

Church _____ Conference/Mission _____

Pastor: The person listed above has asked for membership in Adventist-Laypersons' Services and Industries and your recommendation is needed. Please fill the form below, sign and forward to the local ASI Secretary-Treasurer.

1. Is the applicant a member of the Seventh-day Adventist Church in good standing? _____

2. Does the applicant hold Church office? ____ If so, which? _____

3. Have you ever visited the applicant in his/her place of business? _____

4. In your opinion, does the applicant conduct his/her business or profession in accordance with the standards and ideals of the SDA Church? _____

5. Do you recommend the applicant for ASI membership? _____

6. Any comments? _____

Signature of Pastor _____ Date _____