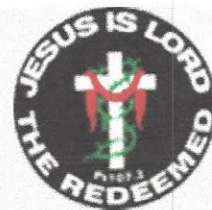


THE REDEEMED

MEMBERSHIP APPLICATION FORM

www.theredeemed.org.nz



Please complete and email to: redemedriders@gmail.com

How did you hear about us?				
Christian Name:			Surname:	
Address:				
Birth Date:		Occupation:		
Landline:		Mobile:	Email:	
Spouse:		Children:		
Church:			Minister/Pastor	
Other ministry involvement (past and present):				
What other gifts or skills do you have? (ie intercessor, prophetic, pastoral, praise & worship, admin, carpenter, mechanic)				
Are you actively involved in other community groups or activities? (mission work, youth ministry)				
Sponsor (a current Redeemed bannered member)				
Health Status:		Emergency Ph:	Name:	
Current NZ Driver's License: Yes / No (circle one)			Driver License No:	
Version:			Class:	
Issue Date:			Expiry Date:	
Do you ride?	Yes / No (circle one)	Motorcycle (if you have one) Make:	Model: Year:	Rego: CC rating:
The Constitution can be found at: http://www.theredeemed.org.nz				
I have read and agree to abide by, The Constitution of The Redeemed Motorcycle Ministry Incorporated. I DO ALSO HEREBY AGREE to keep indemnified The Redeemed Motorcycle Ministry, its respective officials, servants, representatives, members and agents from and against all losses, actions, claims, expenses and demands resulting from any activity undertaken by the ministry.				
Signed:			Date:	
Memberships are an annual fee of NZD\$120 per member, payable monthly by automatic payment or annually in advance. Bank account: 38 9015 0097985 (use your name as reference). Please note: Membership six month stand down period does not start until payments commence. Ensure you have read the Constitution PRIOR to submitting this application form.				
OFFICE USE				
Date enrolled:			Sponsor:	
Badge:		Banner:	Supporter:	
Other comments:				