

Georgia Baptist Evangelists, Inc.

Membership Application

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ City, ZIP: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Website: _____

Marital Status: Single Married Divorced Widowed Divorced/Remarried

Spouse's Name: _____ Date of Birth: _____

EVANGELISM MINISTRY:

GBE accepts evangelists as full-time vocational OR bi-vocational. Full-time evangelists must derive the MAJORITY of their income from evangelistic work. Conversely, bi-vocational evangelists would be those who derive the majority of their income from sources outside of evangelistic ministry.

Year Entered Evangelism: _____ Full-time Bi-vocational

Type of Evangelism: Preaching Music Other (specify): _____

_____ Number of Revivals THIS Year _____ Number of Revivals LAST Year

_____ Other Preaching Events THIS Year _____ Other Preaching Events LAST Year

_____ Other Events (concerts, etc.) THIS Year _____ Other Events (concerts, etc.) LAST Year

CURRENT CHURCH MEMBERSHIP:

Church: _____ Pastor: _____

Address: _____ City, ZIP: _____

Office Phone: _____ Website: _____

Please Include With Your Application:

- Letter of Recommendation from your Pastor (must be a cooperating GBC church)
- Current picture for GBE website (head/shoulder shots are best; may also e-mail .JPG file)
- Check for first-year dues (\$100 for full-time; \$50 for bi-vocational)
- Separate page listing all previous church/denominational experience (include church/agency name, position, and dates)

Please send this application along with the above items to the GBE Secretary-Treasurer. Current contact information can be found on the website at www.georgiaevangelists.com.