



APPLICATION FOR MEMBERSHIP

How to apply:

1. Fully complete the application.
2. Mail your application with your employer group along with applicable dues.

Please print or type all information requested.

Employer Name (Group) _____ Requested Effective Date _____
(first of the Month)

Address _____

City _____ State _____ Zip _____

Employee Name _____ Soc. Sec. No. _____
(Last) (First) (Middle)

Birthdate _____

Address _____ Email _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Today's Date _____

List Names and Birthdays of Spouse and Children (if applicable)

Spouse _____ Soc. Sec. No. _____

Spouse Occupation _____ Birthdate _____

Child _____ Birthdate _____

Child _____ Birthdate _____

Child _____ Birthdate _____

Local Church _____ Pastor's Name _____

E.S.O.C. Recommended By _____

We hereby apply for membership in the Evangelical Society of Churches. We understand that the Association is a not for profit association domiciled in the District of Columbia formed to further the cause of Christian Employers. We further understand that membership is open only to evangelical church employees and ministers. We also understand that members elect the Directors of the Association. We further understand that the elected Directors appoint the Officers of the Association and appoint the Trustees of the Evangelical Benefit Trust Fund (EBT).

Membership dues are \$3.00 per employee per month. If paying quarterly, multiply by 3. If paying annually, multiply by 12.

Number of Participating Employees: _____ x \$3.00 x # of months being paid: _____ = total membership dues
with this application: \$ _____

Attached is our check payable to Evangelical Society of Churches for our first (monthly, quarterly or annual) membership dues. We understand the Association dues are established each year by the elected Directors and Officers

Date Signed _____ Signature of Applicant _____