

2020 MEMBERSHIP APPLICATION

(Please print)

Name: _____

Job Title: _____

Name of Church/Organization: _____
(List RETIRED if retired)

Association (if applicable): _____

Mailing Address: _____ Address Type:

Home

City: _____ State: _____ ZIP: _____ Work

Office Phone: _____ Cell Phone: _____

Preferred Email: _____



How long have you served in this position? _____

What Church Management software does your office use? _____

What Financial/Accounting software does your office use? _____

What do you consider to be your main Spiritual Gift? _____

In your free time, what do you enjoy doing the most? _____

Mark appropriate membership type:

- | | | | |
|---------------------------|--------------------------|---------|--|
| Regular Membership | <input type="checkbox"/> | \$20.00 | Active Ministry Assistants |
| Retired | <input type="checkbox"/> | \$10.00 | Retired or Formerly Worked at Christian Organization |
| Associate Member | <input type="checkbox"/> | \$20.00 | Other Office Personnel Including Pastors/Ministers |

Make check payable to **BMAV**

Mail to: Kristi Garstang
BMAV Treasurer
9200 New Ashcake Rd
Mechanicsville, VA 23116

Treasurer Use Only:

Check # _____ Email Confirmation _____

Check Date _____ Membership Card Sent _____