



ALABAMA CAMPERS ON MISSION MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name	First	MI	Preferred Name	Birthdate (Self)
Spouse Name			Preferred Name	Birthdate (Spouse)
Street Address		City	State	Zip/Postal Code
Telephone (home)	Cell Phone _____ Cell Phone _____	E-mail Address: _____ Email Address: _____		
Have you participated in a mission project? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Last Mission Project: _____				
If full-time COM, what state chapter: _____				
Project assigned through: <input type="checkbox"/> NAMB <input type="checkbox"/> State Convention <input type="checkbox"/> Association <input type="checkbox"/> Church <input type="checkbox"/> Other _____				

CHURCH MEMBERSHIP

Church Name _____	Name of Pastor _____
Street Address _____	Name of Association _____
City _____ State _____ Zip _____	Church Denominational Affiliation: _____
Telephone (____) _____	E-mail _____ <input type="checkbox"/> SBC <input type="checkbox"/> Others (specify) _____

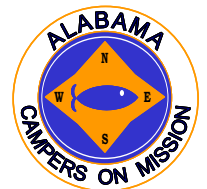
INTEREST/TALENTS/GIFTS

CHECK ALL THAT APPLY		LIST AREAS OF SPECIAL TRAINING AND/OR LICENSE:
SELF	SPOUSE	
<input type="checkbox"/>	<input type="checkbox"/>	Campground Ministries
<input type="checkbox"/>	<input type="checkbox"/>	Church Planting
<input type="checkbox"/>	<input type="checkbox"/>	Construction/Maintenance
<input type="checkbox"/>	<input type="checkbox"/>	Disaster Relief and Recovery
<input type="checkbox"/>	<input type="checkbox"/>	Fairs/Festival/Special Events
<input type="checkbox"/>	<input type="checkbox"/>	Community Surveys/Revivals
<input type="checkbox"/>	<input type="checkbox"/>	Sharing Personal Testimony
<input type="checkbox"/>	<input type="checkbox"/>	State Convention Booths
<input type="checkbox"/>	<input type="checkbox"/>	VBS/Bible Studies, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Clowning/Balloon Sculpturing
<input type="checkbox"/>	<input type="checkbox"/>	Raceway Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Seamans Ministry

EMERGENCY CONTACT

Name _____
Street _____
City _____ State/Province _____ Zip _____
Telephone (____) _____ E-mail _____

DATE FORM COMPLETED



BACKGROUND CHECK MUST BE SUBMITTED AND VERIFIED PRIOR TO ATTENDING ANY PROJECTS. Return form to: ABSBOM Global Missions Office, P O Box 681970, Prattville, AL 36068-1970. For instructions on submitting background check, follow instructions at www.alabamacom.org