

# Member Application

You also can apply online at [www.chministries.org](http://www.chministries.org)



## Christian Healthcare Ministries *Galatians 6:2, Acts 2 & 4*

127 Hazelwood Ave. • Barberton, Ohio • 1-800-791-6225 • [www.chministries.org](http://www.chministries.org) • Monday-Friday 9am-5pm EST

### Step 1: Your contact information

Last name	First name	M.I.	<input type="checkbox"/> M or <input type="checkbox"/> F	Social Security #	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse name	Social Security #	Date of birth	Spouse participating at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	Apt. #	City	State	Zip code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home phone	Work phone	Primary email address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

### Step 2: Your dependent children Continued on a separate page? Yes / No

First name (and last if different from above)	Social Security #	Date of birth	Joining CHM?	College?	<input type="checkbox"/> M or <input type="checkbox"/> F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>
First name (and last if different from above)	Social Security #	Date of birth	Joining CHM?	College?	<input type="checkbox"/> M or <input type="checkbox"/> F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>
First name (and last if different from above)	Social Security #	Date of birth	Joining CHM?	College?	<input type="checkbox"/> M or <input type="checkbox"/> F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="text"/>

### Step 3: Participation levels and units

Units may participate at different levels. Three units are three or more qualifying family members. No family's monthly financial gift exceeds three units, regardless of the number of immediate family members. All dependent children participate as a single unit. See the CHM Guidelines for a detailed explanation of units.

<input type="checkbox"/> <b>1st unit:</b> Name: _____
<input type="checkbox"/> <b>GOLD</b> <input type="checkbox"/> <b>SILVER</b> <input type="checkbox"/> <b>BRONZE</b>
<i>GOLD: \$150 per unit, per month; SILVER: \$85 per unit, per month; BRONZE: \$45 per unit, per month</i>
<input type="checkbox"/> <b>2nd unit:</b> Name: _____
<input type="checkbox"/> <b>GOLD</b> <input type="checkbox"/> <b>SILVER</b> <input type="checkbox"/> <b>BRONZE</b>
<input type="checkbox"/> <b>3rd unit:</b> Name: _____
<i>(Children)</i>
<input type="checkbox"/> <b>GOLD</b> <input type="checkbox"/> <b>SILVER</b> <input type="checkbox"/> <b>BRONZE</b>

### Step 4: Units participating in Brother's Keeper program

<input type="checkbox"/> <b>1st unit</b>	<i>Brother's Keeper membership provides unlimited cost support per illness (Gold members) or increases your maximum cost support by \$100,000 annually, up to \$1 million per illness (Silver and Bronze members). There is a \$40 annual fee per family and an average quarterly fee of \$25 per unit.</i>
<input type="checkbox"/> <b>2nd unit</b>	
<input type="checkbox"/> <b>3rd unit</b>	

### Step 5: Your start date (choose one)

<input type="checkbox"/> Start date to begin on postmark date of envelope in which you mail this application
<input type="checkbox"/> I am choosing a future start date: _____ Month _____ Year

### Step 6: Sponsor/Promotion (if applicable)

Sponsor name:	<input type="text"/>
Sponsor member #:	<input type="text"/>
Promotion code #:	<input type="text"/>

This space reserved for office use:

Please turn over →

### Step 7: Health history

List **ALL** health conditions for which any applying member of your family has had signs, symptoms, or treatment. **Your membership will not be denied based on the health information you provide.** Bills for pre-existing conditions (incurred after joining) are eligible according to the schedule in the CHM Guidelines.

Name	Condition/Symptom/Treatment/Medication	Date

Continued on a separate page?

### Step 8: Tell us how you heard about us! (please choose all that apply)

**A current CHM member**

Name: Dean Phillips

Member #: 149107

**Magazine**

Name: \_\_\_\_\_

**Internet**

Website: \_\_\_\_\_

CHM Facebook page

**A friend (non-member)**

**Radio/TV**

Commercial  Program

**Other (please specify):**

**Conference/convention**

Name: \_\_\_\_\_

Station: \_\_\_\_\_

City / State: \_\_\_\_\_

\_\_\_\_\_

### Step 9: Bring-a-Friend program

Give us the names and addresses of three Christian families or single adults and you could get one free month for each one who becomes a Christian Healthcare Ministries member! *(Christian Healthcare Ministries values your personal privacy and will never share, sell, or rent information to third parties for their marketing purposes.)*

**1.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**2.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**3.)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Step 10: Commitment

# Gold units	# Silver units	# Bronze units	Final total
From Step 3	From Step 3	From Step 3	Add \$40.00 if joining Brother's Keeper
X \$150.00	X \$85.00	X \$45.00	\$

#### Contribution method

Type of credit card (circle one)

Visa / MasterCard / Discover

Card number

Exp. date

/

I want to contribute with this credit card:

this time only

each month

CheckEase direct bank withdrawal

checking -or-  savings

Financial institution name

Routing number

Account number

I am enclosing a check made out to Christian Healthcare Ministries.

this time only

each month

By signing below, I attest that the participating ADULT members included herein are Christians living by New Testament principles, attend group worship regularly (health permitting), follow scriptural teaching with regard to alcohol, and do not use tobacco or use drugs illegally. I also attest that all information provided herein is true to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

(Only if joining at this time)

**Mail this application to:**  
 Christian Healthcare Min.  
 127 Hazelwood Ave.  
 Barberton, OH 44203  
**Or fax both sides to:**  
 330-798-6100

After you submit this form, you will receive a New Member Welcome Packet in the mail within two weeks.