

CFS APPLICATION FOR MEMBERSHIP

1 NAME OF APPLICANT					
LAST NAME		FIRST NAME			INITIALS
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		DATE OF BIRTH	D:	M:	Y:
2 NAME OF SPOUSE (marriage certificate is required)					
LAST NAME		FIRST NAME			INITIALS
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		DATE OF BIRTH	D:	M:	Y:
3 MARITAL STATUS					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other:		DATE OF MARRIAGE	D:	M:	Y:
4 CONTACT INFORMATION					
ADDRESS			CITY	PROV	P. CODE
APPLICANT EMAIL	CELL	HOME	WORK		
SPOUSE EMAIL	CELL	HOME	WORK		
CHURCH NAME			CHURCH LOCATION		
5 DEPENDENT CHILDREN (under the age of 20 and not married)					
LAST NAME	FIRST NAME	INITIAL	GENDER	BIRTHDATE	
			<input type="checkbox"/> M <input type="checkbox"/> F	D:	M: Y:
			<input type="checkbox"/> M <input type="checkbox"/> F	D:	M: Y:
			<input type="checkbox"/> M <input type="checkbox"/> F	D:	M: Y:
6 DOCUMENTATION REQUIRED (for applicant and spouse)					
<input type="checkbox"/> CISBF Payment Form <input type="checkbox"/> Birth Certificate <u>OR</u> <input type="checkbox"/> Driver's License <input type="checkbox"/> Marriage Certificate					
7 PRIVACY ACT ACKNOWLEDGEMENT (CISBF Bi-Annual Letter Listing Deceased Members)					
<input type="checkbox"/> I agree to have my name published <input type="checkbox"/> I do <u>NOT</u> agree to have my name published					
8 DECLARATION FOR MEMBERSHIP					
I, the applicant, hereby certify that neither I nor any family listed is or has been under the care of a physician for a life-threatening condition within the last twenty-four months. The CISBF Board reserves the right to refuse payment of benefits if any know life-threatening condition is not disclosed.					
PHYSICIAN FULL NAME		CONTACT NUMBER		LOCATION	
I, the applicant, submit my application for membership in the <i>Christian Immigration Society Burial Fund</i> and agree to the Society's bylaws and amendments thereto. I agree to pay any associated entrance fee and the membership dues as required, and to provide any status change (marital status, children, address, phone, email, banking, etc.)					
9 SIGNATURES * Applications require CFS Board approval					
APPLICANT (FULL NAME)		DATE		SIGNATURE (if electronic enter full name)	
CISBF BOARD APPROVAL (FULL NAME)		DATE		SIGNATURE	

If you have family or friends that may be interested in joining CFS please let us know and we will connect with them!