



## Membership Inquiry and Information Form

### Primary Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Association Information

Name of Organization (Church or School) \_\_\_\_\_

Is your ministry a non-profit, tax-exempt corporation? Yes No \_\_\_\_\_ Date \_\_\_\_\_

Where is your ministry incorporated (Nation or State)? \_\_\_\_\_

Denominational Affiliation (If any) \_\_\_\_\_

Name of Governing Body (Board of Directors etc.) \_\_\_\_\_

### Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Web Address \_\_\_\_\_

### Organization Head

Name \_\_\_\_\_

Title \_\_\_\_\_

### Other Information

Security & Exchange (Philippines) \_\_\_\_\_

Other \_\_\_\_\_